## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 06, 2002 8:00 am 8 Secretary of State 537736 DOCUMENT # 1. Entity Name 05-06-2002 90167 042 \*\*\*150 00 INDUSTRIAL PARK DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 200 E. ROBINSON STREET 200 E. ROBINSON STREET SUITE 920 SUITE 920 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address 3600 Vineland Road 3600 Vineland Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 101 Suite 101 City & State City & State 4. FEI Number Applied For 59-1784611 Orlando, FL Orlando, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32811 Fee Required USA 32811 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARKER, EARL M., JR. Street Address (P.O. Box Number is Not Acceptable) 334 E. DUVAL ST. JACKSONVILLE FL 32202 City Zip Code FL 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. NSIGNATURE ■ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DVST TITLE ☐ Delete TITLE Change ☐ Addition WEBB, WILLIAM C JR NAME NAME 1300 NW 167TH ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33169** CITY-ST-7IP CITY-ST-ZIP ASD TITLE ☐ Delete TITLE ☐ Addition NAME BARKER, EARL M., JR. NAME STREET ADDRESS 334 E. DUVAL ST. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition NAME WEBB, DANIEL B NAME 200 E. ROBINSON STREET #920 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other powered.

STREET ADDRESS

Barl Mc Barker. Jr.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**