

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 672635

1. Entity Name

P. WALLENBERG DEVELOPMENT CO., INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90140 042 ***150.00

Principal Place of Business

Mailing Address

C/O ELIZABETH A. BREUER
5370 GULF OF MEXICO DR STE 208
LONGBOAT KEY FL 34228
US

5370 GULF OF MEXICO DRIVE
208
LONGBOAT KEY FL 34228-2047
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1543 2ND ST.

1543 2ND ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 102

SUITE 102

City & State

City & State

SARASOTA FL

SARASOTA FL

4. FEI Number

59-2014427

Applied For

Not Applicable

Zip

Country

Zip

Country

34236

U.S.

34236

FL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREUER, ELIZABETH A.
5370 GULF OF MEXICO DR
LONGBOAT KEY FL 34228

Name

Street Address (P.O. Box Number is Not Acceptable)

1543 2ND ST.

SUITE 102

City

SARASOTA

FL

Zip Code

34236

8. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BREUER, ELIZABETH A.
STREET ADDRESS 5370 GULF OF MEXICO DR
CITY-ST-ZIP LONGBOAT KEY FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1543 2ND ST. SUITE 102
CITY-ST-ZIP SARASOTA FL 34236

TITLE S
NAME SHACKLETT, SHARON A
STREET ADDRESS 5370 GULF OF MEXICO DR
CITY-ST-ZIP LONGBOAT KEY FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1543 2ND ST. SUITE 102
CITY-ST-ZIP SARASOTA FL 34236

TITLE D
NAME CRESPEL, MARTYN D
STREET ADDRESS P.O. BOX 546 28-30 THE PARADE
CITY-ST-ZIP CHANNEL ISLAND UK ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 this 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH A. BREUER

4/14/00

Date

941-952-0443

Daytime Phone #

CR2E034 (9/99)