

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001270

1. Entity Name

BRITANNICA DEVELOPMENT LIMITED, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90151 028 ***150.00

Principal Place of Business

Mailing Address

BIRKETT HILL HOUSE BIRKETT HILL
BOWNES ON WINDERMERE
UK LA233EZ

BIRKETT HILL HOUSE BIRKETT HILL
BOWNES ON WINDERMERE
UK LA233EZ

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

90 ROSALIND A. CARR, PA
999 NINTH ST. S. - STE 205
NAPLES, FL
34102-8200 COLLIER



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3494363

Applied For

Not Applicable

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

CARR, LYNN
999 NINTH STREET SOUTH STE 205
NAPLES FL 34402

Name

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

City

FL

Zip Code

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	PCD	<input type="checkbox"/> Delete
NAME	O'BRIEN, DANIEL	
STREET ADDRESS	CUMBIA	
CITY-ST-ZIP	UNITED KINGDOM	
TITLE	VS	<input type="checkbox"/> Delete
NAME	O'BRIEN, AGNES	
STREET ADDRESS	CUMBIA	
CITY-ST-ZIP	UNITED KINGDOM	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENWAY, JANE	
STREET ADDRESS	CHATEN RAM GLO S	
CITY-ST-ZIP	UNITED KINGDOM	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/99)