

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G11448

1. Entity Name
DEV-LAND, INC.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90007 008 ***158.75

Principal Place of Business
4105 LEE BLVD
LEHIGH ACRES FL 33971

Mailing Address
POST OFFICE BOX 6152
FT MYERS FL 33911

2. Principal Place of Business
4105 LEE BLVD

3. Mailing Address
P.O. Box 6152

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LEHIGH ACRES FLA

City & State
FT MYERS FLA

Zip
33971

Country
USA

Zip
33911

Country
USA

4. FEI Number 59-2392685

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIOTT, ROBERT
4105 LEE BLVD
LEHIGH ACRES FL 33971

7. Name and Address of New Registered Agent

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST ELLIOT, ROBERT T 4105 LEE BLVD LEHIGH ACRES FL 33971	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert T Elliott 1-10-2001 941-369-7708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)