

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90022 021 ***150.00

0552534 AN

DOCUMENT # H59588

1. Entity Name

DEVELOPERS CHOICE, INC.

812 N. John Young Parkway, Kissimmee, FL 34741

Principal Place of Business

**8150 PRESIDENTS DR.
 ORLANDO FL 32809
 US**

Mailing Address

**8150 PRESIDENTS DR.
 ORLANDO FL 32809
 US**

2. Principal Place of Business

812 N. John Young Pkwy.

Suite, Apt. #, etc.

3. Mailing Address

812 N. John Young Pkwy.

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

City & State

Kissimmee, Florida

Zip

34741

Country

USA

Zip

34741

Country

USA

4. FEI Number

59-2549130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**EATON, STEPHEN A.
 8150 PRESIDENTS DR
 ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name **EATON, Stephen A.**
 Street Address (P.O. Box Number is Not Acceptable)
812 N. John Young Pkwy.
 City **Kissimmee** **FL** Zip Code **34741**

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

1/9/02

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **EATON, STEPHEN A.**
 STREET ADDRESS **1749 LEE JANZEN DRIVE**
 CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **STD** ☐ Delete
 NAME **EATON, PAMELA A.**
 STREET ADDRESS **1749 LEE JANZEN DRIVE**
 CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☒ Addition
 NAME **Theodore, Dane G.**
 STREET ADDRESS **560 Spring Lake Drive**
 CITY-ST-ZIP **Melbourne, FL 32940**

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

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

TITLE ☐ Change ☐ Addition
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 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

Date

Daytime Phone #

1/9/02

CR2E034 (9/01)