

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90212 025 ***150.00

DOCUMENT # H59588

1. Entity Name
DEVELOPERS CHOICE, INC.



Principal Place of Business
812 N JOHN YOUNG PKWY
KISSIMMEE FL 34741
US

Mailing Address
812 N JOHN YOUNG PKWY
KISSIMMEE FL 34741
US

2. Principal Place of Business

840 N. John Young Pkwy
Suite, Apt. #, etc.

3. Mailing Address

840 N. John Young Pkwy.
Suite, Apt. #, etc.

City & State
Kissimmee FL

City & State
Kissimmee FL

Zip
34741

Country
USA

Zip
34741

Country
U.S.A.

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
812 N JOHN YOUNG PKWY
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name
STEPHEN A. EATON
Street Address (P.O. Box Number is Not Acceptable)
840 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **STEPHEN A. EATON Pres.**

4-7-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP ☒ Delete
THEODORE, DANES G
560 SPRING LAKE DR
MELBOURNE FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE STEPHEN A. EATON, PRESIDENT**

4-7-03 407-569-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)