

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** H68003**1. Entity Name**

3D DEVELOPMENT & LEASING CORPORATION

Principal Place of Business**Mailing Address**

2514 OLEANDER BLVD.

2514 OLEANDER BLVD

FORT PIERCE, FL 34982

FT. PIERCE, FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number**

59-2583569

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fees Required****6. Name and Address of Current Registered Agent**ERNSBERGER, R. DALE
2514 OLEANDER BLVD
FT. PIERCE, FL 34982**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, 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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEN, DENNIS SR.	
STREET ADDRESS	1163 SW MIRROR LAKE COVE	
CITY-ST-ZIP	PT. ST. LUCIE 34986	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ERNSBERGER, R. DALE	
STREET ADDRESS	2514 OLEANDER BLVD.	
CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MULLINS, DONALD E.	
STREET ADDRESS	3302 ENTERPRISE RD.	
CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 #****FILED**
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90088 047 ***150.00

A0038304

DO NOT WRITE IN THIS SPACE

561-5956871

4-3-00

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