

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # J24084**  
 1. Entity Name  
**MABRY DEVELOPMENT COMPANY, INC.**

Principal Place of Business % PETER H. MABRY 407 OCEANWALK DR SOUTH ATLANTIC BEACH 32233 FL	Mailing Address % PETER H. MABRY 407 OCEANWALK DR SOUTH ATLANTIC BEACH 32233 FL
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number  
**59-2695376**  
 Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**MABRY PETER H**  
 47 OCEAN WALK DRIVE SOUTH  
 ATLANTIC BEACH FL  
 32233 US

**7. Name and Address of New Registered Agent**  
 Name  
**MABRY PETER H**  
 Street Address (P.O. Box Number is Not Acceptable)  
 407 OCEAN WALK DRIVE SOUTH  
 City ATLANTIC BEACH FL Zip Code 32233

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 \_\_\_\_\_ DATE **04/28/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MABRY, PETER H. 47 OCEAN WALK DRIVE SOUTH ATLANTIC BEACH FL 32233 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PETER H MABRY 407 OCEAN WALK DRIVE SOUTH ATLANTIC BEACH FL 32233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Peter.H Mabry Pres Date **04/28/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)