

2001 UNIFORM BUSINESS REPORT (UBR)

4/6

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-06-2001 90014 039 ***150.00

DOCUMENT # J29603

1. Entity Name

TOTAL DEVELOPMENT RESOURCES, INC.

Principal Place of Business

645 MAYPORT ROAD 3D
STE 3D
ATLANTIC BEACH FL 32233
US

Mailing Address

P.O. BOX 331027
ATLANTIC BEACH FL 32233-1027
US

2. Principal Place of Business

200 N. First St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Neptune Beach FL

City & State

Zip

Country

32266

US

4. FEI Number

59-2855276

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

RICHARDSON, TIMOTHY D.
1114 LINKSIDE COURT EAST
ATLANTIC BEACH FL 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

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

(NOTE: Registered Agent signature required when reinstating)

4/2/01

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
PDT
TIMOTHY, RICHARDSON
1114 LINKSIDE CT E.
ATLANTIC BEACH FL 32233

☐ Delete

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

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☐ Change ☐ 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 file empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/01 904-249-0919

CR2E034 (10/00)