

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J36307

1. Entity Name

FOUR D DEVELOPMENT, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90344 003 ***150.00

Principal Place of Business

Mailing Address

PO BOX 1641
LUTZ FL 33549
US

PO BOX 1641
LUTZ FL 33549-1641
US

2. Principal Place of Business

3. Mailing Address

913 Newberger Road

Suite, Apt. #, etc.

City & State

City & State

Lutz, FL

Zip
33549

Country
US

Zip

Country

4. FEI Number 59-2880959

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

WORLEY, DAVID J.
1509 BONNIE BROOK DR
LUTZ FL 33549

Name WORLEY, DAVID J.

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

City Lutz FL Zip Code 33549

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTS
NAME WORLEY, DAVID J.
STREET ADDRESS 1509 BONNIE BROOK DR
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE PTS
NAME WORLEY, DAVID J.
STREET ADDRESS 913 Newberger Road
CITY-ST-ZIP Lutz, FL 33549 ☒ Change ☐ Addition

TITLE DV
NAME WORLEY, DAVID J.
STREET ADDRESS 1509 BONNIEBROOK DR
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE DV
NAME WORLEY, DAVID J.
STREET ADDRESS 913 Newberger Road
CITY-ST-ZIP Lutz, FL 33549 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 like empowered.

SIGNATURE: David J. Worley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 APRIL 2000
Date

813-949-585
Daytime Phone #

CR2E034 (9/99)