

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 28, 2000 8:00 am
Secretary of State

06-28-2000 90001 007 ***150.00

DOCUMENT # J94263

1. Entity Name
 3925 SOUTH DEVELOPMENT CORP.

R

Principal Place of Business: 3925 SOUTH NOVA RD. PORT ORANGE, FL 32127
 Mailing Address: 3921 SOUTH NOVA RD. PORT ORANGE, FL 32127

2. Principal Place of Business: Suite, Apt. #, etc. City & State
 3. Mailing Address: Suite, Apt. #, etc. City & State

4. FEI Number: 59-2859202
 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: SLIGER, STEPHEN B., 3921 S. NOVA RD., PORT ORANGE, FL 32127
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: _____ (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: VST NAME: SLIGER, STEPHEN B. STREET ADDRESS: 3921 SO. NOVA RD. CITY-ST-ZIP: PORT ORANGE, FL 32127	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  4/28/00 ✓ 904-767-5385

COHEN, SMITH & CO., P.A.
 DoLAND, FLORIDA 59-2239538

CR2E034 (9/99)