

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91600 047 ***558.75

DOCUMENT # **K67173**

1. Entity Name

AL KULLAIBI Development, Inc.

DO NOT WRITE IN THIS SPACE

674101

2. Principal Place of Business

3681 JOHN ANDERSON DRIVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2545

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO Beach, FLA

City & State

ORLANDO Beach FLA

4. FEI Number

Applied For

Not Applicable

Zip

32176

Country

USA

Zip

32175-2545

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT K.T. KOCY

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

595 WEST CANADA BLVD

Suite A

City

ORLANDO Beach

FL

Zip Code

32174

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**PRESIDENT
SAUD AL KULLABI
3681 JOHN ANDERSON DRIVE
ORLANDO Beach, FLA 32176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ASST. Secretary
JEFFREY C. SAWYER
595 W. CANADA BLVD Suite A
ORLANDO Beach, FLA 32174**

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/02

Date

Daytime Phone #

CR2E034B (12/01)