

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

DOCUMENT #

K67173

1. Entity Name

AL KULAIBI DEVELOPMENT, INC.

04 SEP 29 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3681 John Anderson Drive

3. Mailing Address

P.O. Box 2545

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

Country

32176

USA

Zip

Country

32175

USA

4. FEI Number

59-2949540

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert Kit Korey

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

595 West Granada Blvd

Suite A

City

Ormond 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

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Saud Al Kulaibi
STREET ADDRESS	3681 John Anderson Drive
CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	Asst. Secretary
NAME	Jeffrey C. Sweet
STREET ADDRESS	595 W Granada Blvd, Suite A
CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/04 386-677-3431

Date

Daytime Phone #

CR2E037B (12/01)