## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## K79370 DOCUMENT #

1. Entity Name

VOLUSIA DEVELOPMENT GROUP, INC.



FILED Jan 21, 2003 8:00 am **Secretary of State** 

01-21-2003 90225 008 \*\*\*150.00

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	10007008

Principal Place of Business Mailing Address 3121 APPALOOSA CT 3121 APPALOOSA CT KISSIMMEE FL 34746 KISSIMMEE FL 34746 2. Principal Place of Business 3. Mailing Address <u>CR 337</u> 9551 SE LEVU 9551 SE LEVU Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-2944462 Dunnellon Dunnellon Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired น.s. A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent = Name LOREL Molder MOLDER, LOREL Street Address (P.O. Box Number is Not Acceptable) 3121 APPALOOSA CT SE Levy CR 337 KISSIMMEE FL 32746 Zip Code 3443 DUNNELLON 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. > 11. ☐ Delete TITLE Change Addition TITLE molder , LoreL MOLDER, LOREL NAME NAME 9551 SE Levy CR 337 Dunnellon FL . 3443 | 3121 APPALOOSA CT STREET ADDRESS STREET ADDRESS KISSIMMEE FL 32746 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if dre By:

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CD0E024 (10/09)