

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90024 018 ****50.00

DOCUMENT # L01000010159

1. Entity Name

DEVELOPMENT ENTERPRISES, LLC

Principal Place of Business

**800 SCALLOP DR.
 23
 CAPE CANAVERAL FL 32920**

Mailing Address

**P. O. BOX 1065
 CAPE CANAVERAL FL 32920**

2. Principal Place of Business

23 Devonshire Dr

Suite, Apt. #, etc.

melbourne

City & State

FL.

Zip

32901

Country

us

3. Mailing Address

23 Devonshire Dr

Suite, Apt. #, etc.

City & State

melbourne FL.

Zip

32901

Country

us

4. FEI Number

59-3735503

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BROOME, CHARLES R JR.
 800 SCALLOP DRIVE
 D23
 CAPE CANAVERAL FL 32920**

7. Name and Address of New Registered Agent

Name

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

City

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 *Charles R. Broome Jr.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **BROOME, CHARLES R JR.**
 STREET ADDRESS **P.O. BOX 1065**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **MGRM** ☐ Delete
 NAME **BROOME, DONNA J**
 STREET ADDRESS **P.O. BOX 1065**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **23 Devonshire Dr**
 CITY-ST-ZIP **melbourne FL 32901**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **23 Devonshire Dr.**
 CITY-ST-ZIP **melbourne FL 32901**

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Charles R. Broome Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/26/04 866 897 9002

Date Daytime Phone #

0029066

CR2E083 (9/01)