

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90309 038 \*\*\*150.00

0062131

**DOCUMENT # L20103**

1. Entity Name

**CONQUISTADOR DEVELOPMENT CORP.**

Principal Place of Business

**940 HIGHLAND AVENUE  
ORLANDO FL 32802**

Mailing Address

**940 HIGHLAND AVENUE  
ORLANDO FL 32802**

2. Principal Place of Business

**9711 EAGLE PRESERVE DR**

3. Mailing Address

**9711 EAGLE PRESERVE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ENGLEWOOD, FL**

City & State

**ENGLEWOOD, FL**

Zip

**34224**

Country

Zip

**34224**

Country

4. FEI Number

**65-0170565**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JUSTICE, THOMAS III  
940 HIGHLAND AVENUE  
ORLANDO FL 32802**

Name

**PIETER BOTH**

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

**9711 EAGLE PRESERVE DR.**

City

**ENGLEWOOD**

FL

Zip Code

**34224**

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

**PIETER BOTH, REG. AGENT**

**03/08/01**

(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, 2001 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 **PDST** ☐ Delete  
NAME **MUYRES, MARCEL**  
STREET ADDRESS **RODE FREEF 53**  
CITY-ST-ZIP **SCHILDE, BELGIUM**

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

TITLE **AS** ☒ Delete  
NAME **JUSTICE, THOMAS H III**  
STREET ADDRESS **1031 W. MORSE BLVD.**  
CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/08/01 (941) 698-6978**

Date

Daytime Phone #

CR2E034 (10/00)