

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L26025

1. Entity Name

FINANCIAL ESTATE DEVELOPERS, INC.

Principal Place of Business

Mailing Address

~~7041 GRAND NATIONAL DR.~~
~~STE 102~~
~~ORLANDO FL 32819~~
US

~~7041 GRAND NATIONAL DR.~~
~~STE 102~~
ORLANDO FL 32819
US

2. Principal Place of Business

3. Mailing Address

5373 DEER CREEK DR
Suite, Apt. #, etc.

PO BOX 692409
Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32821

Country

USA

Zip

32869-2409

Country

USA

4. FEI Number

59-2979058

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

CASEY, WILLIAM D
~~12230 GRAY BIRCH CIRCLE~~
~~ORLANDO FL 32832~~

12685 RIDGE RD
LARGO, FL 33778

Name

WILLIAM D. CASEY

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

12685 RIDGE RD

City

LARGO

FL

33778

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) ☐

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

TITLE PD
NAME CASEY, WILLIAM D.
STREET ADDRESS ~~7041 GRAND NATIONAL DR.~~ 12685 RIDGE RD
CITY-ST-ZIP ~~ORLANDO FL~~ LARGO, FL

TITLE STD
NAME ELLIOTT, JANET, K
STREET ADDRESS ~~7041 GRAND NATIONAL DR.~~ 5373 DEER CREEK DR
CITY-ST-ZIP ~~ORLANDO FL~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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NAME
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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: JANET K. ELLIOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90053 014 ***150.00

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DO NOT WRITE IN THIS SPACE

CP2E034 (10/00)

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