

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90028 014 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # L51943			
1. Entity Name HUBBARD DEVELOPMENT COMPANY			
Principal Place of Business % JACQUELINE C. HUBBARD 22137 C.R. 561 ASTATULA FL 34705 US		Mailing Address P O BOX 560179 22137 COUNTY ROAD 561 MONTVERDE FL 34756 US	
2. Principal Place of Business		3. Mailing Address PO Box 437	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ASTATULA FL	
Zip	Country	Zip 34705	Country
4. FEI Number 59-2991906		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUBBARD, JACQUELINE C. 22137 COUNTY ROAD 561 ASTATULA FL 34705		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 <i>James C. Hubbard</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE 4/10/02 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete HUBBARD, KATHERINE E 15135 THOROUGHbred LN MONTVERDE FL 34756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete HUBBARD, JACQUELINE C. 22137 CO RD 561 ASTATULA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete HUBBARD, STEVEN P 15135 THOROUGHbred LN MONTVERDE FL 34756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *STATE SECRETARY REQUIRED* **4/15/02** **352-394-7485**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)