

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90099 036 ****62.00

DOCUMENT # N00000004474

1. Entity Name

UNITED DEVELOPMENT CORPORATION

Principal Place of Business

6737 LUMBER JACK LANE
 OCOEE FL 34761
 US

Mailing Address

6737 LUMBER JACK LANE
 OCOEE FL 34761
 US

2. Principal Place of Business

6737 Lumber Jack Ln or Same

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

OCOE

City & State

OCOE

Zip

34761

Country

Orange

Zip

34761

Country

Orange

4. FEI Number

59-3657576

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

CONLEY, JOHN F
 6737 LUMBER JACK LANE
 OCOEE FL 34761

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John F. Conley

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

(NOTE: Registered Agent signature required when reinstating)

10/10/2002

DATE

After September 13, 2002,
 min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	CONLEY, JOHN F	
STREET ADDRESS	6737 LUMBER JACK LANE	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, AL G	
STREET ADDRESS	6737 LUMBER JACK LANE	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	ED	<input type="checkbox"/> Delete
NAME	BROADUS, JAMES	
STREET ADDRESS	6737 LUMBER JACK LANE	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROADUS, SHAWNTE	
STREET ADDRESS	6737 LUMBER JACK LANE	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	HESTER, ROY	
STREET ADDRESS	6737 LUMBER JACK LANE	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, HAL	
STREET ADDRESS	6737 LUMBER JACK LANE	
CITY-ST-ZIP	OCOE FL 34761	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

9/13/2002 407-298-0147

CR2E037 (4/02)