

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90039 042 ****61.25

DOCUMENT # N01000001099

1. Entity Name

ILANA'S DEVELOPMENT CENTER INC.

Principal Place of Business

**937 UNION STREET SOUTH
ST PETERSBURG FL 33712**

Mailing Address

**937 UNION STREET SOUTH
ST PETERSBURG FL 33712**

2. Principal Place of Business

5108 8th AVE SO

Suite, Apt. #, etc.

3. Mailing Address

5108 8th AVE SO

Suite, Apt. #, etc.

City & State

Gulfport, FL 33707

City & State

Gulfport, FL

Zip

33707

Country

USA

Zip

33707

Country

USA

DO NOT WRITE IN THIS SPACE
59-3701951

4. FEI Number

Applied For

☒ **Not Applicable**

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MACK, SEDRIC
3606 CENTRAL AVE
ST PETERSBURG FL 33711**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

**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

TITLE **D** ☐ **Delete**
NAME **SIMMONS, LINDA**
STREET ADDRESS **937 UNION STREET SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE **D** ☐ **Delete**
NAME **JACKSON, CASSANDRA**
STREET ADDRESS **1657 27TH AVE N**
CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE **D** ☐ **Delete**
NAME **LASSITER, LASHAUN**
STREET ADDRESS **1300 5TH ST WEST #D-1**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **D** ☐ **Delete**
NAME **BRINKLEY, COLOMBUS**
STREET ADDRESS **2022 MELROSE AVE S**
CITY-ST-ZIP **ST PETERSBURG FL 33712**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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TITLE ☐ **Change** ☐ **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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/2002

Date

Daytime Phone #

CR2E037 (9/01)