FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 23, 2001 8:00 am DOCUMENT # P0000026405 **Secretary of State** GJK LAND DEVELOPMENT, INC. 01-23-2001 90014 025 \*\*\*150.00 Principal Place of Business Mailing Address 1009 E. SPARKMAN RD. 1009 E. SPARKMAN RD. PLANT CITY FL 33566 PLANT CITY FL 33566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STITZEL, D. HOWARD Street Address (P.O. Box Number is Not Acceptable) 1009 E. SPARKMAN RD. PLANT CITY FL 33566 Zip Code City FL 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) FILE-NOW!!! FEE.IS-\$150.00 9. This corporation is eligible to satisfy its Intangible \_ 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete ☐ Change WETHERINGTON, KIMBALL W NAME NAME 1009 E. SPARKMAN RD. STREET ADDRESS STREET ADDRESS PLANT CITY FL 33566 CITY - ST - ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE KNIGHT, GARY W NAME NAME 1011 E. SPARKMAN RD. STREET ADDRESS STREET ADDRESS PLANT CITY FL 33566 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE HUGHES, JEFF M NAME NAME 3625 GENTRY RD. STREET ADDRESS STREET ADDRESS PLANT CITY FL 33566 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7/P ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:** 

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

resident

1-12-01

813-752-4510

Daytime Phone