

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90103 027 ***150.00

DOCUMENT # P00000048851

1. Entity Name
MEGA LAND DEVELOPMENT, INC.

Principal Place of Business

P.O. BOX 290423
DAVIE FL 33329

Mailing Address

P.O. BOX 290423
DAVIE FL 33329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1041459**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

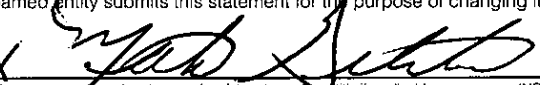
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPEER, RICHARD
14530 MARVIN LANE
FT. LAUDERDALE FL 33330

Name
MARK T. GIBBONS
 Street Address (P.O. Box Number is Not Acceptable)
6111 S.W. 186 Way
 City
Ft. Lauderdale **FL** Zip Code
33332

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  **DATE**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **GIBBONS, MARK**
 STREET ADDRESS **6111 SW 186TH WAY**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33332**

TITLE **President, Treasurer** ☒ Change ☐ Addition
 NAME **Gibbons, Mark**
 STREET ADDRESS **6111 S.W. 186 Way**
 CITY-ST-ZIP **Ft. Lauderdale, Fl. 33332**

TITLE **D** ☒ Delete
 NAME **SPEER, RICHARD**
 STREET ADDRESS **14530 MARVIN LANE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33330**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V. President, Secretary** ☐ Change ☒ Addition
 NAME **Bergeron, Lonnie**
 STREET ADDRESS **20400 S.W. S.W. 51 St.**
 CITY-ST-ZIP **Ft. Lauderdale, Fl. 33332**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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

Date

Daytime Phone #

0340376 AV

CR2E034 (9/01)