## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P0000097850 --LONDON DEVELOPMENT CORPORATION 01-25-2001 90006 020 \*\*\*150.00 Principal Place of Business Mailing Address weste 166 AIRSTREAM LAND 🕏 166 AIRSTREAM LAND TAVERNIER FL 33070 TAVERNIER FL 33070 E U U U U L 2. Principal Place of Business 3. Mailing Address LANE 166 AIRSTREAM LANE 166 AIRSTREAM DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State FL FL. TAVERNIER 65-1053680 Not Applicable TAJERNIER Country \$8.75 Additional Country Zip 5. Certificate of Status Desired U=5'- - 3 33070 Fee Required 330 TO-U 5 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LONDON, JOSEPH G Street Address (P.O. Box Number is Not Acceptable) 166 AIRSTREAM LAND 160 AIRSTREAM LANE **TAVERNIER FL 33070** 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 Fiorida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition □ Delete TITLE LONDON, JOSEPH G NAME STREET ADDRESS STREET ADDRESS **166 AIRSTREAM LAND** CITY-ST-ZIP CITY-ST-ZIP TAVERNIER FL 33070 Addition ☐ Change VICE PRESIDENT ☐ Delete TITLE PRISCILLA TEASDALE NAME NAME 166 AIRSTREAM LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAVERNIER , FL 33070 CITY-ST-ZIP PLEASE NOTICE IN PLEASE NOTICE IN ALL AREA'S WITH ADDRESS LAND "LAND" - Please "LANE" - Please Change Thombs. Thombs. TITLE ☐ Change ☐ Addition ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition \_\_ Change TITLE ☐ Delete TITLE NAÑ NAME STRÈ STREET ADDRESS CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET À STREET ADDRESS

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13. I hereby certify that the information supplied with this filling does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature sha of the corporation or the receiver or trustee empowere to execute this report as required by C changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

**SIGNATURE:** 

CITY-ST-7IP

TITLE

Oln SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

information

☐ Addition