

2001 UNIFORM BUSINESS REPORT (UBR)

122

DOCUMENT # 00000117683

FILED

01 DEC 31 PM 3:16

1. Entity Name

NATIONAL Energy Development, Inc

Principal Place of Business

4449 ASTER DR.
LAKE WORTH, FL.
33461

Mailing Address

SAME

2. Principal Place of Business

4449 ASTER DRIVE
Suite, Apt. #, etc.

3. Mailing Address

4449 ASTER DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

65-1063196

Applied For

Not Applicable

Zip
33461

Country
USA

Zip
33461

Country
USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IRA CURRY
4449 ASTER DR.
LAKE WORTH, FL 33461

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
IRA CURRY
4449 ASTER DR.
LAKE WORTH, FL 33461

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President, Sec-Treas.
Sandra CURRY
4449 ASTER DR.
LAKE WORTH, FL 33461

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800004765348-2
-01/10/02-01073-006
****150.00 ****150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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

12/27/01 561-966-6895
Date Daytime Phone #

CR2E034 (11/00)

