

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90330 032 ***150.00

DOCUMENT # P01000098644

1. Entity Name

DEVELOPMENT CONNECTION, INC.

Principal Place of Business

**33601 STATE RD 52
ST LEO FL 33574**

Mailing Address

**33601 STATE RD 52
ST LEO FL 33574**

2. Principal Place of Business

3. Mailing Address

P O BOX 2125

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST LEO FL

Zip

Country

Zip

Country

33574-2350

XXXXX USA

4. FEI Number

01-0551030

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

**ALLEN, DOROTHY A
33601 STATE RD 52
ST LEO FL 33574**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ALLEN, ROBERT J**
STREET ADDRESS **33601 STATE RD 52**
CITY-ST-ZIP **ST LEO FL 33574**

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

TITLE **V** ☒ Delete
NAME **THOLE, SIMEON OSB**
STREET ADDRESS **33601 STATE RD 52**
CITY-ST-ZIP **ST LEO FL 33574**

TITLE **V** ☐ Change ☒ Addition
NAME **TINGERTHAL, JAMES OSB**
STREET ADDRESS **33601 STATE RD 52**
CITY-ST-ZIP **ST LEO FL 33574**

TITLE **S** ☐ Delete
NAME **ALLEN, DOROTHY A**
STREET ADDRESS **33601 STATE RD 52**
CITY-ST-ZIP **ST LEO FL 33574**

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

TITLE **T** ☐ Delete
NAME **HALLETT, JAMES OSB**
STREET ADDRESS **33601 STATE RD 52**
CITY-ST-ZIP **ST LEO FL 33574**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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.

JAMES HALLETT, OSB

352-588-8618

SIGNATURE:

James Hallett, OSB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)