

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90158 030 ***550.00

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FP

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1. Entity Name

ILLUSTRATED DEVELOPMENT CORP



Principal Place of Business

**12212 US1
JUNO BEACH FL 33408**

Mailing Address

**12212 US1
JUNO BEACH FL 33408**

2. Principal Place of Business

**5383 SEA BISCUIT RD
Suite, Apt. #, etc.**

3. Mailing Address

**5383 SEA BISCUIT RD
Suite, Apt. #, etc.**

City & State

PALM BEACH GARDENS, FL.

City & State

PALM BEACH GARDENS, FL.

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

Zip

33418-7818

Country

PALM BEACH

Zip

33418-7818

Country

PALM BEACH

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TERMOTTO
TERMOTTO, JOHN M
5435 SEA BISCUIT ROAD
PALM BEACH GARDENS FL 33418**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John M. Termotto*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-9-03

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **TERMOTTO, JOHN M**
STREET ADDRESS **5435 SEA BISCUIT ROAD**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **V** ☒ Delete
NAME **KNIGHT, EDWARD J**
STREET ADDRESS **18 SURREY ROAD**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John M. Termotto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-03 561-718-7522
Date Daytime Phone #

CR2E034 (4/03)