

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90470 034 ***150.00

0305072 AV

DOCUMENT # P02000078786

1. Entity Name
ST. SEBASTIAN DEVELOPMENT CORP.



Principal Place of Business
**10992 LA SALINAS
BOCA RATON FL 33427**

Mailing Address
**P.O. BOX 273406
BOCA RATON FL 33427**



2. Principal Place of Business

840 U.S. ONE

Suite, Apt. #, etc.

320

City & State

North Palm Beach, FL

Zip

33408

Country

US

3. Mailing Address

840 U.S. ONE

Suite, Apt. #, etc.

320

City & State

North Palm Beach, FL

Zip

33408

Country

US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GORMAN, JOHN D
10992 LA SALINAS
BOCA RATON FL 33427**

7. Name and Address of New Registered Agent

Name **Samuel C. Anilio**

Street Address (P.O. Box Number is Not Acceptable)

840 U.S. ONE

Suite 320

City

North Palm Beach

FL

Zip Code

33408

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/03

FILE NOW!!! FEE IS \$150.00

*** After May 1, 2003 Fee will be \$550.00**

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 ☐ 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

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 **P/S/T/D**

STREET ADDRESS **Samuel C. Anilio**

CITY-ST-ZIP **840 U.S. ONE, #320**

TITLE ☐ Change ☒ Addition

NAME **DVP**

STREET ADDRESS **0049 Corbell**

CITY-ST-ZIP **6330 Ridge Top Dr.**

TITLE ☐ Change ☐ Addition

NAME **New Port Richey, FL 34650**

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE REQUIRED

2/25/03 561-627-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)