

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90076 022 ***158.75

DOCUMENT # P12103

1. Corporation Name

UNIBILT DEVELOPMENT COMPANY

Principal Place of Business

6305 WESTWOOD BLVD.
SUITE 200
ORLANDO FL 32821
US

Mailing Address

6305 WESTWOOD BLVD.
SUITE 200
ORLANDO FL 32821
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1986

4. FEI Number

59-2732366

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes

No

2. Principal Place of Business

21 2901 W State Road 434
Suite, Apt. #, etc.

2a. Mailing Address

26 2901 W State Road 434
Suite, Apt. #, etc.

22 Suite #141

City & State

23 Longwood, FL

Zip

24 32779

Country

25 Seminole

27 Suite #141

City & State

28 Longwood, FL

Zip

29 32779

Country

30 Seminole

9. Name and Address of Current Registered Agent

SINGER, GIORA Y.
6305 WESTWOOD BLVD #200
ORLANDO FL 32821

10. Name and Address of New Registered Agent

81 Name

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

2901 W State Road 434

83 Suite 141

84 City

Longwood,

FL

85 Zip Code

32779

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Gary Singer, President

03/25/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME **SINGER, GIORA Y.**
STREET ADDRESS **6305 WESTWOOD BLVD #200**
CITY-ST-ZIP **ORLANDO FL**

TITLE VD ☐ DELETE

NAME **ZLOTOFF, PAUL**
STREET ADDRESS **280 DAINES ST., STE 300**
CITY-ST-ZIP **BIRMINGHAM MI**

TITLE TD ☐ DELETE

NAME **STOLLMAN, BERNARD H.**
STREET ADDRESS **2025 W. LONG LAKE RD.**
CITY-ST-ZIP **TROY MI**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2901 W State Rd 434, Ste. 141
Longwood, FL 32779

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GARY SINGER, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/99

Date

(407) 772-0264

Daytime Phone #

CR2E034 (1/98)