

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90031 013 ***150.00

DOCUMENT # P92000003226

1. Entity Name

LEHIGH DEVELOPMENT CORP.

Principal Place of Business

~~1153 MAIN STREET~~
~~SUITE 108~~
~~DUNEDIN FL 34698~~
~~US~~

Mailing Address

P.O. BOX 1557
 DUNEDIN FL 34697

2. Principal Place of Business

2218 CYPRESS Hollow CT.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL.

City & State

Zip

34695

Country

US

Zip

Country

6. Name and Address of Current Registered Agent

HEIRONIMUS, THOMAS
1153 MAIN STREET
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name

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

2218 CYPRESS Hollow CT.

City

SAFETY HARBOR

FL

Zip Code

34695

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 **THOMAS L. HEIRONIMUS**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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	PTD	<input type="checkbox"/> Delete
NAME	HEIROPNIMUS, THOMAS L	
STREET ADDRESS	1153 MAIN STREET	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CRAFT, GARY W	
STREET ADDRESS	1153 MAIN STREET	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2218 CYPRESS Hollow CT.
CITY-ST-ZIP	SAFETY HARBOR, FL. 34695
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2218 CYPRESS Hollow CT.
CITY-ST-ZIP	SAFETY HARBOR, FL. 34695
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

727-712-3887

Daytime Phone #

CR2E034 (10/00)