

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011306

1. Entity Name

ATTITUDE LAND DEVELOPERS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90137 004 ***150.00

Principal Place of Business

6244 SPRINGER DRIVE
PORT RICHEY FL 34668-5340

Mailing Address

6244 SPRINGER DRIVE
PORT RICHEY FL 34668-5340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3160674**

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

DENNISON, MARILYN
6244 SPRINGER DRIVE
PORT RICHEY FL 34668-5340

Name

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

City

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

Marilyn Dennison

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

4-17-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input type="checkbox"/> Delete
NAME	DENNISON, MARILYN	
STREET ADDRESS	10339 KEY LANTERN DRIVE	
CITY - ST - ZIP	NEW PORT RICHEY FL 34654	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5440 RICHEY DRIVE	
CITY - ST - ZIP	NEW PORT RICHEY, FL 34652	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOEL F. DENNISON	
STREET ADDRESS	5440 RICHEY DRIVE	
CITY - ST - ZIP	NEW PORT RICHEY, FL 34652	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER J. QUINN	
STREET ADDRESS	324 173RD AVENUE, E.	
CITY - ST - ZIP	NO. REDINGTON BEACH, FL 33708	
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

Marilyn Dennison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01

Date

727-844-7899

Daytime Phone #

CR2E034 (10/00)