

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079593

1. Entity Name  
6805 DEVELOPMENT, INC.

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90088 031 \*\*\*150.00

Principal Place of Business

6805 ADAMO DRIVE  
TAMPA FL 33609

Mailing Address

2309 N. DALE MABRY HWY.  
TAMPA FL 33607-2548  
US

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 **59-3280677**

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

WOLFE, RANDOLPH J  
201 N FRANKLIN ST  
SUITE 2200  
TAMPA FL 33602

Name Randolph J. Wolfe  
Street Address (P.O. Box Number is Not Acceptable)  
100 North Tampa Street  
Suite 2700  
City Tampa FL Zip Code 33602

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 Randolph J. Wolfe Randolph J. Wolfe / Registered Agent 4/22/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ Delete  
NAME **PSTD KLEINHANS, JAMES**  
STREET ADDRESS **2309 N DALE MABRY HWY**  
CITY-ST-ZIP **TAMPA FL 33607-2548**

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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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:

J. F. Kleinhans / President  
JAMES F. KLEINHANS, President

4/22/01  
Date

873-0014  
(813) 873-0014  
Daytime Phone #

CR2E034 (10/00)