

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000020821**

1. Entity Name

**UNITED BRETHREN BUSINESS DEVELOPMENT  
CORPORATION, INC.**



Principal Place of Business

**POST OFFICE BOX 617496  
ORLANDO FL 32861-7496**

Mailing Address

**POST OFFICE BOX 617496  
ORLANDO FL 32861-7496**

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

**59-3372494**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**JEFF ROBINSON  
4978 OLD WINTER GARDEN ROAD  
ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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. 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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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	D	<input type="checkbox"/> Delete
NAME	ROBINSON, JEFF	
STREET ADDRESS	4978 OLD WINTER GARDEN ROAD	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS ROBERT	
STREET ADDRESS	8631 KNOTTINGHAM DRIVE	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, DEAN	
STREET ADDRESS	4323 PRINCE HALL BLVD	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMMONS, LEWIS	
STREET ADDRESS	2052 BELAFONTE LANE	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000023887	
STREET ADDRESS	02/02/04-80043-012 158.75	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Robert E. Evans*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29-04

407-422-1165

Date

Daytime Phone #