

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90013 003 ***158.75

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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 - No P.O. Box #

2025 W Central Blvd

3. Mailing Address

Suite, Apt. #, etc.

Deacon Room

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Zip

32805

Country

Orange

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

Jeff Robinson

Jeff Robinson

2/1/08

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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	☐ Delete
NAME	ROBINSON, JEFF	
STREET ADDRESS	4978 OLD WINTER GARDEN ROAD	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	D	☐ Delete
NAME	EVANS ROBERT	
STREET ADDRESS	8631 KNOTTINGHAM DRIVE	
CITY-STATE-ZIP	KISSIMMEE FL	
TITLE	D	☐ Delete
NAME	WILSON, DEAN	
STREET ADDRESS	4323 PRINCE HALL BLVD	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	D	☒ Delete
NAME	SIMMONS, LEWIS	
STREET ADDRESS	2052 BELAFONTE LANE	
CITY-STATE-ZIP	ORLANDO FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☒ Change ☐ Addition
NAME	Trea Suror
STREET ADDRESS	Mitchell Autman
CITY-STATE-ZIP	7337 Cherry Laurel Dr. Orlando, FL 32835
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Jeff Robinson Jeff Robinson

2/1/08

407-422-1165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #