

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088797

1. Entity Name

FLORANADA DEVELOPMENT CORPORATION

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90378 023 ***150.00

Principal Place of Business

1555 SOUTH FEDERAL HIGHWAY
#107
DELRAY BEACH FL 33483

Mailing Address

1730 S. FEDERAL HWY
#339
DELRAY BEACH FL 33483

2. Principal Place of Business

1801 S. Federal Hwy.

3. Mailing Address

Suite, Apt. #, etc.

Suite 210.

City & State

Delray Beach, FL

City & State

Zip

33483

Country

United States

Country

4. FEI Number

65-0790870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESSER, DAVID P
1555 S FEDERAL HWY, UNIT 107
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

David P. Esser

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

809 Sunset Road

City

Boynton Beach

FL

Zip Code

33435

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

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

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

2/27/01

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 **D** ☐ Delete
NAME **ESSER, DAVID P**
STREET ADDRESS **1555 S FEDERAL HWY, UNIT 107**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President / P** ☒ Change ☐ Addition
NAME **David P. Esser**
STREET ADDRESS **809 sunset Road**
CITY-ST-ZIP **Boynton Beach, Florida 33435**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (10/00)