

# 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.

Suite, Apt. #, etc.

City & State  
Delray Beach, FL

City & State

Zip  
33483

Country  
United States

Zip

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

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 signature required when reinstating)

2/27/01  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Delete

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President IP  
David P. ESSER  
809 Sunset Road  
Boynton Beach, Florida 33435

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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

*David P. ESSER President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)