

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90294 046 ***150.00

AV

DOCUMENT # P97000108677

1. Entity Name

LANTERN BAY DEVELOPMENT CORPORATION

Principal Place of Business

**400 FRANDORSON CIRCLE
 #204
 APOLLO BEACH FL 33572**

Mailing Address

**400 FRANDORSON CIRCLE
 #204
 APOLLO BEACH FL 33572**

2. Principal Place of Business

1003 Apollo Beach Blvd. #1

Suite, Apt. #, etc.

3. Mailing Address

1003 Apollo Beach Blvd #1

Suite, Apt. #, etc.

City & State

Apollo Beach, FL

City & State

Apollo Beach, FL

4. FEI Number

59-3595640

Applied For

Not Applicable

Zip

33572

Country

USA

Zip

33572

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HOLDSWORTH, JOHN W
 400 FRANDORSON CIRCLE
 #204
 APOLLO BEACH FL 33572**

7. Name and Address of New Registered Agent

Name **John W. Holdsworth**

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

930 Allegro Lane

City **Apollo Beach, FL**

FL

Zip Code

33572

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

4-27-02

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, 2002 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 **DP** ☐ Delete
 NAME **HOLDSWORTH, JOHN W**
 STREET ADDRESS **930 ALLEGRO LANE**
 CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE **VP** ☐ Delete
 NAME **HOLDSWORTH, LESLIE P**
 STREET ADDRESS **930 ALLEGRO LN**
 CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 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:

John W. Holdsworth

4-27-02

813-649-1133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)