FILED
Jul 12, 2001 8:00 am
Secretary of State
06-26-2001 90003 045 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013737

1. Entity Name
Townsend Development, Inc. (UR)

Principal Place of Business	Mailing Address
304 Torpey Rd. Fort Pierce, FL 34946	304 Torpey Rd. Fort Pierce, FL 34946

76170

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
304 Torpey Rd. Suite, Apt. #, etc.		304 Torpey Rd. Suite, Apt. #, etc.	
City & State: Fort Pierce, FL		City & State: FORT PIERCE, FL	
Zip: 34946	Country: USA	Zip: 34946	Country: USA

4. FEI Number: 65-0819802 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REEDER, MARK T.
304 TORPEY RD.
FORT PIERCE, FL 34946

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.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARK T. REEDER	NAME	
STREET ADDRESS	304 TORPEY ROAD	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL. 34946	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Mark T. Reeder MARK T. REEDER PRESIDENT 19 June 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Title · Date