## Apr 23, 2003 8:00 am Secretary of State

FILED

04-23-2003 90272 043 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) P98000022561 DOCUMENT #

1. Entity Name

MONTEREY DEVELOPMENT CORPORATION OF SOUTH WAL



Principal Place of Business Mailing Address 2100 COUNTRY CLUB DR. 2100 COUNTRY CLUB DR. LYNN HAVEN FL 32444 LYNN HAVEN FL 32444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-3501496 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURKE, LES W Street Address (P.O. Box Number is Not Acceptable) 221 MCKENZIE AVE PANAMA CITY FL 32401 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Addition TITLE ☐ Delete TEW, MARILYN<sup>®</sup> NAME NAME STREET ADDRESS 2100 COUNTRY CLUB DR. STREET ADDRESS LYNN HAVEN FL 32444 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with with all other like empowered

CITY-ST-ZIP

NAME

STREET ADDRESS

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP