

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039654

1. Entity Name

LONESOME PINE DEVELOPMENT CORP.

FILED

Apr 19, 2000 8:00 am  
Secretary of State

04-19-2000 90023 026 \*\*\*150.00

Principal Place of Business

Mailing Address

10452 PHILIPS HIGHWAY  
JACKSONVILLE FL 32256

10452 PHILIPS HIGHWAY  
JACKSONVILLE FL 32256-1448

639475

2. Principal Place of Business

7110 DAVIS CREEK ROAD

3. Mailing Address

7110 DAVIS CREEK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FLA

City & State

JACKSONVILLE FLA

4. FEI Number

59-3517484

Applied For

Not Applicable

Zip

32256

Country

USA

Zip

32256

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHATKEWITZ, ALEXANDER G  
10452 PHILIPS HIGHWAY  
JACKSONVILLE FL 32256

Name

CHATKEWITZ, ALEXANDER G.

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

7110 DAVIS CREEK ROAD

City

JACKSONVILLE FL

FL

Zip Code

32256

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

*A. G. Chatkewitz*

A. G. CHATKEWITZ DIRECTOR

4/11/00

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, 2000 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 D ☐ Delete  
NAME CHATKEWITZ, ALEXANDER G  
STREET ADDRESS 10452 PHILLIPS HWY  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☒ Change ☐ Addition  
NAME CHATKEWITZ, ALEXANDER G.  
STREET ADDRESS 7110 DAVIS CREEK ROAD  
CITY-ST-ZIP JACKSONVILLE FLA 32256

TITLE D ☐ Delete  
NAME WATSON, FRANK  
STREET ADDRESS 10452 PHILLIPS HWY  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☒ Change ☐ Addition  
NAME WATSON FRANK  
STREET ADDRESS 7110 DAVIS CREEK ROAD  
CITY-ST-ZIP JACKSONVILLE FLA 32256

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*A. G. Chatkewitz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Date

904-292-2855

Daytime Phone #

CR2E034 (9/99)