

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041652

1. Entity Name

RE: DEVELOPMENT, INC.

FILED

Feb 23, 2000 8:00 am  
Secretary of State

02-23-2000 90003 001 \*\*\*150.00

Principal Place of Business

Mailing Address

JUBILEE ST  
FL 32940

P. O. BOX 410332  
MELBOURNE FL 32941-0332

2. Principal Place of Business

600 JUBILEE ST.  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MELBOURNE, FL  
Zip 32940 Country

City & State

Zip

Country

4. FEI Number

APPLIED FOR-  
59-3566280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EULER, ERNEST C  
642 JUBILEE ST.  
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name

ERNEST EULER

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

600 JUBILEE ST.

City

MELBOURNE

FL

Zip Code

32940

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)

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  
TITLE P  
NAME EULER, ERNEST C  
STREET ADDRESS 642 JUBILEE ST 600 JUBILEE ST.  
CITY-ST-ZIP MELBOURNE FL 32940

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

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STREET ADDRESS ☐ Change ☐ Addition

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2000 407.242.9774  
Date Daytime Phone #

CR2E034 (9/99)