2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 15, 2002 8:00 am DOCUMENT # P98000045256 **Secretary of State** 1. Entity Name 03-15-2002 90020 016 ***150.00 MCLV DEVELOPMENT, INC. Mailing Address Principal Place of Business 920 TENNESSEE LANE 920 TENNESSEE LANE SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4, FEI Number City & State City & State 65-0838559 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LANDY, SUSAN Street Address (P.O. Box Number is Not Acceptable) 200 CENTRAL AVE STE 2300 ST PETERSBURG FL 33701 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01 Change ☐ Addition ☐ Delete TITLE TITL€ NAME jelormine, melinda NAME STREET ADDRESS STREET ADDRESS 5660 MAIN ST CITY-ST-ZIP CITY-ST-ZIP TRUMBULL CT 06611 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME BUCKWALTER, VINCE STREET ADDRESS STREET ADDRESS 920 TENNESSEE LANE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BUCKWALTER, CYNTHIA STREET ADDRESS STREET ADDRÉSS 920 TENNESSEE LANE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.