

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 16 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000088501

1. Entity Name

Jeffrey Holden Development Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4525 S Florida Ave

Suite, Apt. #, etc.

19

City & State

Lake land FL

Zip

33813

Country

US

3. Mailing Address

4525 S Florida Ave

Suite, Apt. #, etc.

19

City & State

Lake land FL

Zip

33813

Country

US

4. FEI Number

593539316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Jeffrey K Holden

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

4525 S Florida Ave

19

City

Lake land

FL

Zip Code

33813

**DO NOT WRITE  
IN THIS SPACE**

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)

10-14-01

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 Director  
NAME Jeffrey K Holden  
STREET ADDRESS 4525 S Florida Ave 19  
CITY-ST-ZIP Lake land FL 33813

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-14-01

CR2E034B (12/01)

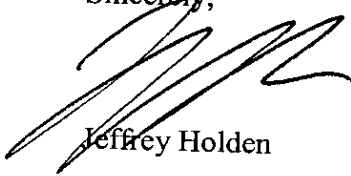
**Jeffrey Holden Development, Inc.**  
**4525 S. Florida Ave., # 19**  
**Lakeland, FL 33813**  
**Tel. (863) 644-1717**  
**Fax (863) 644-2133**

To Whom it may concern :

This letter is regarding the attached corporation reinstatement application. I request that you waive the late penalties on this reinstatement because I never received the written notifications and/or applications from your agency specifying such payment and information to be submitted. This failure to receive such mail could be because our address was some time ago changed from 4533 S. Florida Avenue in Lakeland to 4525 S. Florida Avenue, # 19, Lakeland, Florida. This change has resulted in various mail not being received by us that should have been. The reinstatement documentation I have enclosed were printed off the internet since I did not receive the originals in the mail.

Please call me should you have any questions. I hope you consider my request as I am facing serious financial challenges.

Sincerely,



Jeffrey Holden