

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

0410713 AV

DOCUMENT # P98000097547

1. Entity Name

MORNINGSTAR DEVELOPMENT COMPANY, INC.

02-19-2002 90057 041 ***150.00

Principal Place of Business

**316 EAST BLOOMINGDALE AVENUE
 BRANDON FL 33511**

Mailing Address

**316 EAST BLOOMINGDALE AVENUE
 BRANDON FL 33511**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3555423

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ALBAUGH, MITCHELL E
 10312 BLOOMINGDALE AVE., STE.A-2
 RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent

Name

Albaugh, Mitchell E.

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

314 Bloomingdale Avenue East

City

Brandon

FL

Zip Code

33511

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, 2002 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 **D** ☐ Delete
 NAME **MCCULLAGH, JAMES P**
 STREET ADDRESS **11305 LEPRECHAUN DR.**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **D** ☐ Delete
 NAME **SCOTT, L.DAVID**
 STREET ADDRESS **942 SYMPHONY ISLES BLVD.**
 CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE **DP** ☐ Delete
 NAME **DIAZ, MANUEL A JR.**
 STREET ADDRESS **611 PINEDALE CT.**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE **S** ☐ Delete
 NAME **DRIGGERS, BONITA GAIL**
 STREET ADDRESS **2902 N FRITZKE RD**
 CITY-ST-ZIP **DOVER FL 39527**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

SIGNATURE OF OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)