

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038154

1. Entity Name

SANTANA DEVELOPMENT CORPORATION



FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90776 003 ***158.75

Principal Place of Business

850 AIRPORT ROAD
PORT ORANGE FL 32124

Mailing Address

850 AIRPORT ROAD
PORT ORANGE FL 32124

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
32128

Country

Zip
32128

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3585443

Applied For

Not Applicable

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

WOOD, YVONNE M
850 AIRPORT ROAD
PORT ORANGE FL 32124

Name

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

City

FL Zip Code
32128

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME WOOD, JACK D
STREET ADDRESS 850 AIRPORT ROAD
CITY-ST-ZIP PORT ORANGE FL 32124

☒ Change ☐ Addition
32128

TITLE D ☐ Delete
NAME WOOD, YVONNE M
STREET ADDRESS 850 AIRPORT ROAD
CITY-ST-ZIP PORT ORANGE FL 32124

☒ Change ☐ Addition
32128

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Yvonne M Wood* Sec/Tres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/03 386 428-8999

Date Daytime Phone #

CR2E034 (10/02)