

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-21-2002 91141 028 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053611

1. Entity Name

Bountiful Development, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6125 Oakshore Dr.

Suite, Apt. #, etc.

3. Mailing Address

6125 Oakshore Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Cloud, FL

City & State

St. Cloud, FL

4. FEI Number

593614970

Applied For

Not Applicable

Zip

34771

Country

USA

Zip

34771

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Ranier F. Munns

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

250 N. ORANGE AVESuite 1001

City

ORLANDO

FL

Zip Code

32802

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 fee if applicable.

(NOTE: Registered Agent signature required when reorganizing)

DATE

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

January 1st May 1st Fee is \$150.00

After May 1st 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: D
 NAME: Munns, April
 STREET ADDRESS: 250 N. Orange Ave., Ste 1000
 CITY-ST-ZIP: Orlando, FL 32802

TITLE: D
 NAME: Munns, Ranier F.
 STREET ADDRESS: 250 N. Orange Ave., Ste 1000
 CITY-ST-ZIP: Orlando, FL 32802

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
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 CITY-ST-ZIP: _____

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 CITY-ST-ZIP: _____

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 NAME: _____
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 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)(b), 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

Ranier F. Munns, Director

4/29/02

Date

Daytime Phone #

CF2E034B (12/01)