

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90231 031 ***150.00

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DOCUMENT # P99000077635

1. Entity Name
SEDGEMOOR DEVELOPMENT CORPORATION



Principal Place of Business
695 TARPON BAY RD., STE. 7
SANIBEL ISLAND FL 33957

Mailing Address
P.O. BOX 716
SANIBEL ISLAND FL 33957



2. Principal Place of Business

3. Mailing Address

2430 Periwinkle Way

Suite B

Suite B

Suite B

City & State
Sanibel Island, FL

City & State

Zip
33957

Country

Zip

Country

4. FEI Number **65-0950167**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMENIA, JOHN
695 TARPON BAY RD., STE. 7
SANIBEL ISLAND FL 33957

Name

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

2430 Periwinkle Way

Suite B

City

Sanibel Island

FL

Zip

33957

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD ARMENIA, JOHN 695 TARPON BAY RD., STE. 7 SANIBEL ISLAND FL 33957 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ARMENIA, LUCY 695 TARPON BAY RD., STE. 7 SANIBEL ISLAND FL 33957 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD Armenia, John 2430 Periwinkle way Suite B Sanibel Island, FL 33957 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Armenia, Lucy 2430 Periwinkle way Suite B Sanibel Island, FL 33957 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Armenia, Lucy, Secy. 04/15/03 234-395-9300

Date

Daytime Phone #

CR2E034 (10/02)