

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90202 036 ***150.00

DOCUMENT # P99000086249

1. Entity Name
SOUTHERN PINE DEVELOPMENT OF SOUTH FLORIDA, INC.

Principal Place of Business

6110 NW 66TH WAY
PARKLAND FL 33067

Mailing Address

6110 NW 66TH WAY
PARKLAND FL 33067

2. Principal Place of Business

11030 Wiles Rd
Suite, Apt. #, etc.

3. Mailing Address

11030 Wiles Rd.
Suite, Apt. #, etc.

City & State

Coral Springs FL
Zip **33065** Country **USA**

City & State

Coral Springs FL
Zip **33065** Country **USA**

4. FEI Number

65-0956789

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JORDAN, GREGORY W
6110 NW 66TH WAY
PARKLAND FL 33067

7. Name and Address of New Registered Agent

Name

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

11030 Wiles Rd
Coral Springs FL

Zip Code

33065

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **JORDAN, GREGORY W**
STREET ADDRESS **6110 NW 66TH WAY**
CITY-ST-ZIP **PARKLAND FL 33067**

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)