

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90030 012 ***150.00

DOCUMENT # P99000093348

1. Entity Name

LTL DEVELOPMENT, INC.

Principal Place of Business

27 FLETCHER AVENUE
SARASOTA FL 34237-7

Mailing Address

27 FLETCHER AVENUE
SARASOTA FL 34237-7

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

10605 Maumelle Blvd #C

Suite, Apt. #, etc.

10605 Maumelle Blvd #C

City & State

Maumelle, AR

City & State

Maumelle, AR

Zip

72113

Country

Zip

72113

Country

4. FEI Number

65-1019015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALLACK, MICHAEL M ESQ.
27 FLETCHER AVENUE
SARASOTA FL 34237-7

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2001 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	PD	<input checked="" type="checkbox"/> Delete
NAME	DEHAVEN, JOHN W. J	
STREET ADDRESS	10605 MAUMELLE BLVD. #C	
CITY-ST-ZIP	MAUMELLE AR 72113	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALDRIDGE, ANN	
STREET ADDRESS	10605 MAUMELLE BLVD. #C	
CITY-ST-ZIP	MAUMELLE AR 72113	
TITLE	PAES, DAVID	<input type="checkbox"/> Delete
NAME	PAES, DAVID	
STREET ADDRESS	10605 MAUMELLE BLVD. #C	
CITY-ST-ZIP	MAUMELLE AR 72113	
TITLE	AS	<input type="checkbox"/> Delete
NAME	Janet Poole	
STREET ADDRESS	10605 Maumelle Blvd. #C	
CITY-ST-ZIP	Maumelle, AR 72113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

David R. Paes DAVID R. PAES

4-19-01

501-551-1312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0413478