

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91625 045 ***158.75

DOCUMENT # P99000109396

1. Entity Name

MEDALLION DEVELOPMENT CORPORATION

Principal Place of Business

**2078 SO. HWY.441
 APOPKA FL 32703**

Mailing Address

**2078 SO. HWY.441
 APOPKA FL 32703**

2. Principal Place of Business

2070 S. Orange Blossom Trail
 Suite, Apt. #, etc.

3. Mailing Address

2070 S. Orange Blossom Trail
 Suite, Apt. #, etc.

City & State

Apopka FL

City & State

Apopka FL

4. FEI Number

59-3614102

Applied For

Not Applicable

Zip

Country

32703 USA

USA

Zip

Country

32703 USA

USA

5. Certificate of Status Desired

X

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WOOD, KENNETH L
 2078 SO. ORANGE BLOSSOM TRAIL
 APOPKA FL 32703**

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	WOOD, KENNETH L	
STREET ADDRESS	2078 SO. ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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	Wood Kenneth L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2070 S. Orange Blossom Trail	
STREET ADDRESS	Apopka FL 32703	
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		
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:

Kenneth L. Wood
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-886-3338

CR2E034 (9/01)