

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 551387

1. Entity Name

Magnolia Development Inc.

FILED

02 OCT 11 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Freeport, FL
Suite, Apt. #, etc.

3. Mailing Address

118 Stillwater Rd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Freeport, FL

City & State

Freeport, FL

4. FEI Number

59-3076803

Applied For

Not Applicable

Zip

32439

Country

US

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

Kenneth Langford

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

118 Stillwater Rd

City

Freeport, FL

FL

Zip Code

32439DO NOT WRITE
IN THIS SPACE

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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	<u>W.L. Commander - President</u>
NAME	<u>R. M. Ward Rd</u>
STREET ADDRESS	<u>Westville, FL</u>
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<u>Ruth Commander - Vice President</u>
NAME	<u>SAME</u>
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<u>Kenneth Langford</u>
NAME	<u>118 Stillwater Rd Secretary</u>
STREET ADDRESS	<u>Freeport, FL 32439</u>
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth Langford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Langford

9-18-02

Date

892-1487

Daytime Phone #

CR2E034B (12/01)

9/10/02