

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 16 PM 3:44

DO NOT WRITE IN THIS SPACE
00-01 UBR

DOCUMENT # 569286
1. Entity Name MYRTLE CREEK DEVELOPMENT CORP.
38530 WASHINGTON LOOP RD.
PUNTA GORDA, FL 33982

Principal Place of Business 2414 TAMIAHI TRAIL
Mailing Address P.T. CHARLOTTE, FL 33952

2. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address 38530 WASHINGTON LOOP RD.
Suite, Apt. #, etc.
City & State PUNTA GORDA
Zip FL 33982 **Country** CHARLOTTE

4. FEI Number
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MASSOUD MARLENE TEHRANI
38530 WASHINGTON LOOP RD.
PUNTA GORDA, FL 33982

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT NAME MARLENE TEHRANI STREET ADDRESS 38530 Washington Loop Rd. CITY-ST-ZIP PUNTA GORDA, FL 33982	<input type="checkbox"/> Delete
TITLE SEC. TREAS. NAME MARLENE TEHRANI STREET ADDRESS 38530 Washington Loop Rd. CITY-ST-ZIP PUNTA GORDA, FL 33982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
200004654592--5 -10/26/01--01032--015 ****300.00 ****300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marlene Tehrani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
10/10/01 941-639-5313
Date Daytime Phone #

CR2E034 (5/01)