

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 16 PM 3:44

DO NOT WRITE IN THESE SPACES
00-01 UBR

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

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

2. Principal Place of Business 3. Mailing Address
38530 WASHINGTON LOOP RD
Suite, Apt. #, etc. 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 _____ (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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME MARLENE TEHRANI	
STREET ADDRESS 38530 Washington Loop Rd.	
CITY-ST-ZIP PUNTA GORDA, FL 33982	
TITLE Secy/Treas	<input type="checkbox"/> Delete
NAME MARLENE TEHRANI	
STREET ADDRESS 38530 Washington Loop Rd.	
CITY-ST-ZIP PUNTA GORDA, FL 33982	
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
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	200004654592--5
CITY-ST-ZIP	-10/26/01--01032--015
	****300.00 ****300.00
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: *Marlene Tehrani* **10/10/01 941-639-5313**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)