

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90083 044 ***150.00

DOCUMENT # V06842

1. Entity Name
ADDISON DEVELOPMENT GROUP, INC.



Principal Place of Business
**205 VIA TORTUGA
PALM BEACH FL 33480
US**

Mailing Address
**205 VIA TORTUGA
PALM BEACH FL 33480
US**



2. Principal Place of Business

215 FIFTH ST.

Suite, Apt. #, etc.

SUITE 100

City & State

N. PALM BEACH, FL

Zip

33401

Country

USA

3. Mailing Address

215 FIFTH ST.

Suite, Apt. #, etc.

SUITE 100

City & State

N. PALM BEACH, FL

Zip

33401

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0305839**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KIRSCHNER, MITCHELL B
1801 N. MILITARY TRAIL
SUITE 200
BOCA RATON FL 33431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SWANSON, DAN E**
STREET ADDRESS **205 VIA TORTUGA**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **DAN E. SWANSON**
STREET ADDRESS **215 FIFTH ST, SUITE 100**
CITY-ST-ZIP **N. PALM BEACH, FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03

(661) 802-4461

Date

Daytime Phone #

CR2E034 (10/02)