

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90034 034 ***150.00

DOCUMENT # P95000077820

1. Entity Name
A-1 LAND DEVELOPMENT, INC.

Principal Place of Business: **P. O. BOX 72, MCALPIN FL 32062**
 Mailing Address: **7799 STYLES BLVD. KISSIMMEE FL 34747**

2. Principal Place of Business: **MCALPIN FL 32062**
 3. Mailing Address: **9106 Bay Point Dr.**

Suite, Apt. #, etc.: **FL**
 Suite, Apt. #, etc.: **FL**

City & State: **Orlando, FL**
 City & State: **Orlando, FL**

Zip: **32819** Country: **USA**
 Zip: **32819** Country: **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3342051** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent: **PURRINGTON, MARGARET, 7799 STYLES BLVD. KISSIMMEE FL 34747**

7. Name and Address of New Registered Agent:
 Name: **William Tallent CPA**
 Street Address (P.O. Box Number is Not Acceptable): **900 Winderley Place, SE 105**
 City: **Maitland** State: **FL** Zip Code: **32751**

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: **WILLIAM TALLENT CPA** DATE: **2/20/02**

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P	NAME: BEARDSLEY, HENRY	TITLE:	NAME:
STREET ADDRESS: 7799 STYLES BLVD.	CITY-ST-ZIP: KISSIMMEE FL 34747	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: VP	NAME: DESMARTN, GENE	TITLE:	NAME:
STREET ADDRESS: P. O. BOX 72	CITY-ST-ZIP: MCALPIN FL 32606	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: ST	NAME: PURRINGTON, MARGARET	TITLE:	NAME:
STREET ADDRESS: 7799 STYLES BLVD.	CITY-ST-ZIP: KISSIMMEE FL 34747	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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: **WILLIAM TALLENT CPA** DATE: **2/20/02** DAYTIME PHONE #: **(407) 660-2412**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/01)

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