

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90109 039 \*\*\*150.00

REG-0008 AT

**DOCUMENT # P96000031380**



1. Entity Name  
**FACILITY DEVELOPMENT CORPORATION**

Principal Place of Business  
**ONE ENTERPRISE WEST  
SANDERSON FL 32087  
US**

Mailing Address  
**5627 FM 1960 WEST  
J  
HOUSTON TX 77069  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2287668**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>KING, BARRY I</b>	
STREET ADDRESS	<b>5627 FM 1960 WEST #J</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77069</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>TIDHOLM, DAVID</b>	
STREET ADDRESS	<b>5627 FM 1960 WEST #J</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77069-4200</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>KING, SHARYN</b>	
STREET ADDRESS	<b>5627 FM 1960 WEST #J</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77069-4200</b>	
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: Barry Ian King 1/13/03 800-669-3553  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)