01-31-2003 90134 046 ***150.00

2003	FOR	PROFIT	CORPORA	MOITA
UNIFO	RM I	BUSINES	S REPORT	(UBR)

DOCUMENT#	68673

1. Entity Name

POPE LAND AND CONSTRUCTION CORPORATION



Principal Place of Business 4657 SUGAR PINE DRIVE C/O RICHARD A. POPE **BOCA RATON FL 33487**

Mailing Address 4657 SUGAR PINE DRIVE C/O RICHARD A. POPE

BOCA RATON FL 33487

2. Principal Place of B	usiness LAKE	PARK	Ro	3. Mailing Address 7635	LAKE	PAKK	Ro.
Suite, Apt. #, etc.		· -		Suite, Apt. #, etc.			



CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For

City & Stat	BATON,	FLORIDA	City & State	RATON, A	CLOKIDA	4. FEI Nu	imber 59-20 4	19423) 	oplied For ot Applicable
Zip 3348		intry J.S.A	Zip 33487	000	USA	5. Certific	cate of Status De	esired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
POPE, RICHARD A. 4657 SUGAR PINE DRIVE					Name RICHALD A. POPZ (SAME) Street Address (P.O. Box Number is Not Acceptable) 176.35 LAKE PARK ROAD					
BOCA RATON FL 33487										
					City Boc		ATON		FL Zip Cod	487
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										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees										
10.		OFFICERS AND D	IRECTORS	11.		ADDITIO	NS/CHANGES 1	TO OFFICERS	AND DIRECTORS	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PT POPE, RICHARD 4657 SUGAR PI BOCA RATON F	ne dr.	D	NAM STRE	EET ADDRESS 7	7635 OCA	AME LAKE FATON	PARI	12 Change ROAD 33487	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS POPE, SUSAN I 4657 SUGAR PI BOCA RATON F	NE DR.	□ D	NAM STRE	EET ADDRESS	5.7 7635 30CA	HARE RATON,	PARK FL.	Change 6-AD 33487	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	<u>-</u>	. <u> </u>	NAM! STRE	1	· -	- , .	and the second	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ 0i	NAM! STRE	1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ D	NAMI STRE			,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ D4	NAM(STRE	ı				☐ Change	Addition

12. Thereby 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

SIGNATURE: