FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90040 015 ***150.00

DOCUMENT # F00000002637

1. Entity Name

NEVADA LAND COMPANY

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90131036

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2. Principal Place of Business	3. Mailing Address
125 DAUGHERTY DRIVE	125 DAUGHERTY DRIVE
Suite, Apt. #, etc.: SUITE 400	Suite, Apt. #, etc.: SUITE 400
City & State: MONROEVILLE, PA	City & State: MONROEVILLE, PA
Zip: 15146 Country: USA	Zip: 15146 Country: USA

4. FEI Number: 25-1859697 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: BUTT, JEFFREY D. ESQ.

Street Address (P.O. Box Number is Not Acceptable): 401 E. JACKSON STREET

SUITE 2700

City: TAMPA **FL** Zip Code: 33602

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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/V/S/T	TITLE	
NAME	COSTA, MARY ELLEN	NAME	
STREET ADDRESS	125 DAUGHERTY DRIVE, SUITE 400	STREET ADDRESS	
CITY-ST-ZIP	MONROEVILLE, PA 15146	CITY-ST-ZIP	
TITLE	C/D	TITLE	
NAME	COSTA, MARY ELLEN	NAME	
STREET ADDRESS	125 DAUGHERTY DRIVE, SUITE 400	STREET ADDRESS	
CITY-ST-ZIP	MONROEVILLE, PA 15146	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Ellen Costa MARY ELLEN COSTA PRESIDENT 04-30-2003 412-373-9430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #