## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 19, 2000 8:00 an **DOCUMENT # K77311** Secretary of State 1. Entity Name 02-19-2000 90008 037 \*\*\*150.00 U.S. LAND & INVESTMENTS, INC. Principal Place of Business Mailing Address C/O DANIEL P. MARACICH 10490 SPRINGHILL DR 13036 EVERARD DR SPRINGHILL FL 34608 SPRING HILL FL 34609-9035 US 3. Mailing Address 2. Principal Place of Business ) [\$616[1] \$11 1001) 16006 11101 HERR HER HERR STONE STONE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 59-2948539 Not \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-MARACICH, DANIEL P. Street Address (P.O. Box Number is Not Acceptable) 13036 EVERARD DR SPRING HILL FL 34609 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to : Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN OFFICERS AND DIRECTORS 11. **PVTS** Change TITLE ☐ Delete TITLE MARACICH, DANIEL P. NAME NAME STREET ADDRESS STREET ADDRESS 13036 EVERARD DR. CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34609 ☐ Change TITLE ☐ Delete TITLE MARACICH, DANIEL P NAME NAME STREET ADDRESS 13036 EVRARD DR. STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34609 CITY-ST-ZIP ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 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 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 ment with an address, with all other like empowered. changed, or on an attach

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Daniel P. Maracic

☐ Change