

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90079 042 ***150.00

DOCUMENT # P96000034829

1. Entity Name
CONFEDERATE LANDING, INC.



Principal Place of Business
**243 KIRKLAND RD
NEW SMYRNA BCH FL 34667
US**

Mailing Address
**P O BOX 2071
NEW SMYRNA BCH FL 32170
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **39-3376324**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OWEN B LOVEJOY
245 KIRKLAND RD
NEW SMYRNA BCH FL 32169**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	P	<input type="checkbox"/> Delete
NAME	OWEN B LOVEJOY DDS	
STREET ADDRESS	P O BOX 2071 N/A	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32170	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOVEJOY, OWEN B	
STREET ADDRESS	4040 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL FL-34606	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHENMAN, JAMES A	
STREET ADDRESS	1411 BRANDY SHORLS DR	
CITY-ST-ZIP	CONYERS GA 30013	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHERMAN, JANET L	
STREET ADDRESS	1411 BRANDY SHOELS DR	
CITY-ST-ZIP	CONYERS GA 30013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Janet L Sherman*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-03

Date Daytime Phone #

CR2E034 (10/02)