

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90189 006 \*\*\*150.00

**DOCUMENT # P96000082996**

1. Entity Name  
**MONARCH LANDS, INC.**



Principal Place of Business  
**18495 S DIXIE HWY  
PMB 102  
MIAMI FL 33157  
US**

Mailing Address  
**108 MOSLEY DRIVE  
LYNN HAVEN FL 32444  
US**



2. Principal Place of Business  
**1849 Dewey St.**

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

City & State  
**Hollywood, FL**

CHECK HERE IF MAKING CHANGES

Zip Country Zip Country  
**33020 Broward**

4. FEI Number **59-3407155** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**STOPKA, ALBERT J. III  
108 MOSLEY DRIVE  
LYNN HAVEN FL 32444**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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	
TITLE <b>VT</b>	<input type="checkbox"/> Delete
NAME <b>HUGHEY, BONNIE J</b>	
STREET ADDRESS <b>18495 S DIXIE HWY B102</b>	
CITY-ST-ZIP <b>MIAMI FL 33157</b>	
TITLE <b>PSDT</b>	<input type="checkbox"/> Delete
NAME <b>LENHERR-TOEDTLI, ELKE</b>	
STREET ADDRESS <b>P.O. BOX 12 ESCHNER STRASSE 93</b>	
CITY-ST-ZIP <b>BENDERN LIECHTENSTEIN LS FL-94-7</b>	
TITLE <b>V</b>	<input type="checkbox"/> Delete
NAME <b>ZINDEL, NORA M</b>	
STREET ADDRESS <b>P.O. BOX 12, ESCHNER STRASSE 93</b>	
CITY-ST-ZIP <b>BENDERN LIECHTENSTEIN LS FL-94-7</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Delete
NAME <b>HUGHEY, BONNIE J</b>	
STREET ADDRESS <b>18495 S DIXIE HWY, PMB 102</b>	
CITY-ST-ZIP <b>MIAMI FL 33157</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Hughey, Bonnie J.</b>	
STREET ADDRESS <b>1849 Dewey St., # 4</b>	
CITY-ST-ZIP <b>Hollywood, FL, 33020</b>	
TITLE <b>PSDT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Lenherr-Toedtli, Elke</b>	
STREET ADDRESS <b>P.O. Box 12, Eschner Strasse 93</b>	
CITY-ST-ZIP <b>Bendern, Liechtenstein FL-9487</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Zindel, Nora M.</b>	
STREET ADDRESS <b>P/O. Box 12, Eschner Strasse 93</b>	
CITY-ST-ZIP <b>Bendern, Liechtenstein FL-9487</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *Via Pws 4/19/03 (305) 586-2399* Date Daytime Phone #

CR2E034 (10/02)