2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P99000003277

Mailing Address

POST OFFICE BOX 3771 LAKELAND FL 33802-3771

1. Entity Name

Principal Place of Business

LAKELAND FL 33809-7806

1518 BANBURY LOOP SOUTH

MID-FLORIDA LAND & DEVELOPMENT, INC.



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90035 001 ***150.00

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. Principal Pl	ace of Busin	ess	3. Mail	3. Mailing Address					1 12211041 (ID 10114 10111 2011) CUIN DA					
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State	3		City	City & State				FE	59-3577055		<u> </u>	pplied lot App	l For olicable	
Zip	-	Country	Zip		Coun	Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent							7.	Na	ame and Address of New Regis	tered /	Agent			
		· · · · · · · · · · · · · · · · · · ·				Name								
YACOUB, TAREQ							O Addition (OO Day New York of Not As							
1518 BANBURY LOOP SOUTH							Street Address (P.O. Box Number is Not Acceptable)							
	FL 33809								····					
LANCUAIN) FL 33003	F1000									1			
••						City				FL	Zip Co	de		
The above	named entit	v cubmite this statement	for the purp	ose of changing its r	eaister	ed office or re	aistered a	nge	nt, or both, in the State of Florida	. I am i	ı familiar with	, and a	accept	
	ions of regis		ioi die parp	ose of onlinging to t	9.0.0.	30 011100 07 10	· g. c. c. c c	-5-	,,					
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SIGNATURE -	C	or printed name of registered age	et and title if ann	licable (NOTE:	Benistere	d Agent signature	required when	n rein	nstating)	DATE	-			
	Signature, typed	or printed name or registered age	птапо пре парр	ilicable. (NOTE.	negistere	u Agent signature	recoiled when	1	istaing)					
F	LE NOW!	!! FEE IS \$150.00							9. Election Campaign Finance	ina	\$5.	00 м	av Be	
		03 Fee will be \$550.00							Trust Fund Contribution.	ຶ 🗆		ed to F		
Make Check	Payable to	Florida Department	of State											
10.		OFFICERS AN	D DIRECTO	R\$	11.		<i>F</i>	4DE	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTO			
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12. Thereby o	certify that th	e information supplied w	ith this filing	does not qualify for	the exe	mption stated	d in Sectio	n 1	19.07(3)(i), Florida Statutes. I fur	ther ce	rtify that the	inforn	nation	
indicated	on this repo	rt or supplemental report	t is true and	accurate and that m	y signa	iture shall hav	re the sam	ie le	egal effect as if made under oath	; tnat 🗀	am an office	er or a	rector	

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:

813 988-2592