

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90118 013 \*\*\*158.75

**DOCUMENT # P93000046015**

**1. Entity Name**  
**CONTINENTAL ACREAGE CO., INC.**



**Principal Place of Business**  
**307 PALMETTO ST**  
**TITUSVILLE FL 32796**  
**US**

**Mailing Address**  
**P.O. BOX 733**  
**MIMS FL 32754**



**2. Principal Place of Business**

**2909 Jasmine Street**  
Suite, Apt. #, etc.

**3. Mailing Address**

**2909 Jasmine Street**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**

**Titusville, Florida**

**City & State**

**Titusville, Florida**

**4. FEI Number**

**59-3240915**

**Applied For**

**Not Applicable**

**Zip**

**32796**

**Country**

**Brevard**

**Zip**

**32796**

**Country**

**Brevard**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DENNARD, TIMOTHY R**  
**5200 AMY WAY**  
**MIMS FL 32754**

**7. Name and Address of New Registered Agent**

**Name**  
**Jodi VanFossan Stock**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**2909 Jasmine Street**

**City**  
**Titusville**

**FL**

**Zip Code**  
**32796**

**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**

*Jodi VanFossan Stock*

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

(NOTE: Registered Agent signature required when reinstating)

**01/01/03**

**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**  
**P**  
**NAME**  
**DENNARD, TIMOTHY R JR**  
**STREET ADDRESS**  
**5200 AMY WAY**  
**CITY-ST-ZIP**  
**MIMS FL**

☒ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**VS**  
**NAME**  
**VAN FOSSAN, JODI A**  
**STREET ADDRESS**  
**2909 JASMINE STREET**  
**CITY-ST-ZIP**  
**TITUSVILLE FL 32796**

☐ Delete

**TITLE**  
**P**  
**NAME**  
**Stock, Jodi VanFossan**  
**STREET ADDRESS**  
**2909 Jasmine Street**  
**CITY-ST-ZIP**  
**Titusville, FL 32796**

☒ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

**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:**

*Jodi VanFossan Stock*

**Jodi VanFossan Stock**

**01/01/03**

**321-268-1863**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)