

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 233877

1. Entity Name

MR. LAND, INC.

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90011 025 ***158.75

Principal Place of Business

Mailing Address

4456 SE FEDERAL HIGHWAY
STUART FL 34997

4456 SE FEDERAL HIGHWAY
STUART FL 34997-5746

2. Principal Place of Business

802 Central Parkway

3. Mailing Address

212 SW KANNER Hwy

Suite, Apt. #, etc.

Apt. 6

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34994

Country

USA

Zip

34997

Country

USA

4. FEI Number

59-0903113

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCANTHONY, EUGENE
4456 S.E. FEDERAL HWY
STUART FL 34997

7. Name and Address of New Registered Agent

Name

MARCANTHONY, EUGENE

Street Address (P.O. Box Number is Not Acceptable)

802 Central Parkway, Apt. 6

City

Stuart

FL

Zip Code

34994

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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARCANTHONY, EUGENE	
STREET ADDRESS	4456 S.E. FEDERAL HWY	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARCANTHONY, EUGENE	
STREET ADDRESS	4456 SE FEDERAL HIGHWAY	
CITY-ST-ZIP	STUART FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARCANTHONY, ELEANOR	
STREET ADDRESS	4456 SE FEDERAL HIGHWAY	
CITY-ST-ZIP	STUART FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCANTHONY, EUGENE	
STREET ADDRESS	212 SW KANNER Highway	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCANTHONY, ELEANOR	
STREET ADDRESS	212 SW KANNER HIGHWAY	
CITY-ST-ZIP	STUART, FL 34997	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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

2/11/2000 (561) 283-8309

Date

Daytime Phone #

CR2E034 (9/99)