2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State
02-02-2004 90027 046 ***150.00

DOCUMENT # 372912
1. Entity Name
URBAN LAND & DEVELOPMENT CORPORATION

24006055

Principal Place of Business	Mailing Address
331 TONEYPENA DR P.O. BOX 59 JUPITER, FL 33468-6168	331 TONEYPENA DR P.O. BOX 59 JUPITER, FL 33468-6168

01142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
638 US HIGHWAY ONE		PO BOX 59	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TEQUESTA, FL		City & State: JUPITER, FL	
Zip: 33469	Country: US	Zip: 33468-	Country: us

4. FEI Number: 59-1306875 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OSWALD, JON L. 331 TONEYPENA DR P O BOX 9168 JUPITER, FL 33468	Name: JON L. OSWALD Street Address (P.O. Box Number is Not Acceptable): 638 US HIGHWAY ONE City: TEQUESTA FL Zip Code 33469

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] DATE 1/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	PD	☐ Delete	TITLE	PS	☒ Change ☐ Addition
NAME	OSWALD, JON L.		NAME	JON L. OSWALD	
STREET ADDRESS	331 TONEYPENA DR.		STREET ADDRESS	638 US HIGHWAY ONE	
CITY-ST-ZIP	JUPITER, FL		CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] Pres 1/29/03 561 7471308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #