2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 652597

1. Entity Name

PLANTATION LAND & CATTLE CORP.



FILED Mar 31, 2003 8:00 am g Secretary of State

03-31-2003 90136 015 ***150.00

Principal Place 4290 OLD Kill FLAGLER BEA			Mailing Address 4290 OLD KINGS RD FLAGLER BEACH FL 32136 US									
2. Principal F	Place of Busin	ess	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. F	59-1977975		<u> </u>	plied For at Applicable
Zip Country -			Zip Country				5. Certificate of Status Desired					
	6. Name	and Address of Current	Registered Agent					7. Name and Address of New Registered Agent				
			-			Name		,				
DANCE, (George Kings RD				Street Address (P.O. Box Number is Not Acceptable)							
	BEACH FL								······································			
		-14.	• :	·# ·		City				FL	Zip Code	
	named entity		the purpose	of changing its i	registere	ed office or	r registere	ed age	nt, or both, in the State of Florida.	I am fa	miliar with,	and accept
SIGNATURE .	Signature, broad	or printed name of registered agent a	ad title if any limited	AIOTE	Dominton							
	Signature, typed	or printed name of registered agent a	nd title if applicabl	e, (NOTE:	: Registere	d Agent signati	ure required v	when rein	stating)	DATE		
Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State						9. Election Campaign Financir Trust Fund Contribution.	g \square		0 May Be to Fees
10.		OFFICERS AND			11.			ADD	TIONS/CHANGES TO OFFICERS	S AND I	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS: CITY-ST-ZIP		GEORGE KINGS RD. S. BEACH FL 32136		☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DANCE, N 3800- OLD		° d	Delete			· «		· · ·	- 2	Change	Addition .
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TITLE				☐ Delete	TITLE					ſ	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 of 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

☐ Delete

386 439-2100

Change

Addition