

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90148 032 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **658790**

1. Entity Name

Financial & Land Management Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4707 Leona St.

3. Mailing Address
4707 Leona St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-2089111

Applied For
Not Applicable

Zip
33629

Country
U.S.A.

Zip
33629

Country
U.S.A.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Jeanne B. Morehead**

Street Address (P.O. Box Number is Not Acceptable)
4707 Leona St.

City **Tampa** **FL** Zip Code **33629**

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

Jeanne B. Morehead

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

(NOTE: Registered Agent signature required when reinstating)

4/24/02

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
President/D Harry T. Morehead 4707 Leona St. Tampa, FL 33629			
Vice Pres./D Harry T. Morehead, Jr. 2870 Willow Bay Terrace Casselberry, FL 32707			
Vice Pres./D Julie J. Morehead 1148 N. Inglewood St. Arlington, VA 22205			
Secy.-Treas./D Jeanne B. Morehead 4707 Leona St. Tampa, FL 33629			DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeanne B. Morehead

Date

Daytime Phone #

4/24/02 (812) 837-2356

CR2E034B (12/01)