

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90307 031 ***158.75

DOCUMENT # 687531 ✓

1. Entity Name
MANASOTA LAND DEVELOPMENT
AND CONSTRUCTION CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9346 GAZANIA DR.

3. Mailing Address
9346 GAZANIA DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State PORT CHARLOTTE, FL **City & State** PORT CHARLOTTE, FLORIDA

4. FEI Number 59-3067616 **Applied For** Not Applicable

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

Zip 33981 **Country** U.S.A. **Zip** 33981 **Country** USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

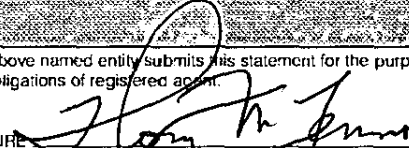
Name THOMAS P. MCLENNON ATTORNEY AT LAW

Street Address (P.O. Box Number is Not Acceptable) 1460 SOUTH MC CALL ROAD

Suite, Apt. #, etc. SUITE A-4F

City ENGLEWOOD **FL** **Zip Code** 34223

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  **THOMAS P. MCLENNON** **28 April '03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

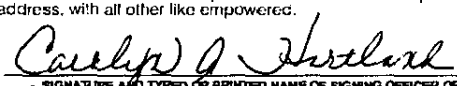
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE PD	NAME HARTLAND, FREDERICK G.	TITLE	
STREET ADDRESS 7615 MANASOTA KEY ROAD	STREET ADDRESS	NAME	
CITY-ST-ZIP ENGLEWOOD FL 34223	CITY-ST-ZIP	STREET ADDRESS	
TITLE SD	NAME HARTLAND, CAROLYN A.	TITLE	
STREET ADDRESS 7615 MANASOTA KEY RD	STREET ADDRESS	NAME	
CITY-ST-ZIP ENGLEWOOD FLORIDA 34223	CITY-ST-ZIP	STREET ADDRESS	
TITLE VICE PRESIDENT	NAME HARTLAND, FRANK J.	TITLE	
STREET ADDRESS 7615 MANASOTA KEY RD	STREET ADDRESS	NAME	
CITY-ST-ZIP ENGLEWOOD FL 34223	CITY-ST-ZIP	STREET ADDRESS	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE:  **Carolyn A. Hartland** **April 28, 2003** **941-474-0718**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034B (12/02)