

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90167 024 ***158.75

DOCUMENT # F12077

1. Entity Name
ELAND DEVELOPMENT, INC. OF FORT MYERS



Principal Place of Business
**12734 KENWOOD LN #85
FT MYERS FL 33907
US**

Mailing Address
**P.O. BOX 60111
FT MYERS FL 33906
US**



2. Principal Place of Business
**13720-1 Ben C Pratt/Six
Suite, Apt. #, etc. Mile Cypress**

3. Mailing Address
**13720-1 Ben C Pratt/
Suite, Apt. #, etc. Six Mile Cypress**

☒ CHECK HERE IF MAKING CHANGES

City & State
Fort Myers, FL 33912

City & State
Fort Myers, FL 33912

4. FEI Number **59-2055457**

Applied For
Not Applicable

Zip Country
33912 USA

Zip Country

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

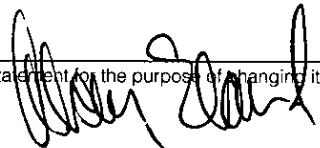
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELAND, ALAN C.
12734 KENWOOD LN #85
FT MYERS FL 33907**

Name
Eland, Alan C.
Street Address (P.O. Box Number is Not Acceptable)
13720-1 Ben C Pratt/Six Mile Cypress
City
Fort Myers FL Zip Code
33912

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  **3/21/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00**

Make Check Payable to Florida Department of State

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 ☐ Delete
NAME **CEO**
STREET ADDRESS **ELAND, CHARLES**
CITY-ST-ZIP **7882 CAMERON CIRCLE
FORT MYERS FL 33912-5663**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **ELAND, ALAN C.**
CITY-ST-ZIP **12580 STRATHMORE LOOP
FT MYERS FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/03 239-939-5005

Date Daytime Phone #

CR2E034 (10/02)