

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F19096****1. Entity Name**
FLORIDA LAND & TRADING COMPANY**Principal Place of Business**
% C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**Mailing Address**
C/O P DOUGLAS FREEDLE
515 MADISON AVE S 3304
NEW YORK NY 10022
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3076712**

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****CT CORPORATION SYSTEM**
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **PTD** ☐ Delete
NAME **FREEDLE, P DOUGLAS**
STREET ADDRESS **4224 BAY TO BAY BLVD**
CITY-ST-ZIP **TAMPA FL****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME **VD**
STREET ADDRESS **PENNINGTON, DARLENE M**
CITY-ST-ZIP **ZION SHERMAN RD.**
DRY RIDGE KY**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME **VDS**
STREET ADDRESS **PEDRETTI, RINA E**
CITY-ST-ZIP **27 27 203 ST**
BAYSIDE NY**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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NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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 Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**P. Douglas Freedle** **2/15/02** **212 935 0931****President**

Date

Daytime Phone #

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90082 028 ***150.00



DO NOT WRITE IN THIS SPACE

CP2E034 (9/01)