

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90035 002 ***150.00

DOCUMENT # F49324

1. Entity Name

DOUBLE W LAND COMPANY

Principal Place of Business

6 LAKE VIEW PLACE
 ANNA MARIA FL 34216
 US

Mailing Address

P.O. BOX 1369
 ANNA MARIA FL 34216
 US

2. Principal Place of Business

36815 Center Ave
 Suite, Apt. #, etc.

3. Mailing Address

36815 Center Ave
 Suite, Apt. #, etc.

City & State

Dade City, FL

City & State

Dade City, FL

Zip

Country

33525 USA

Zip

Country

33525 USA

6. Name and Address of Current Registered Agent

ELLSWORTH, W. WM. III
 6 LAKE VIEW PL
 ANNA MARIA FL 34216

7. Name and Address of New Registered Agent

Name

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

36815 Center Ave

City

Dade City

FL

Zip Code

33525

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

Wm Ellsworth III **Wm Ellsworth III**

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

(NOTE: Registered Agent signature required when reinstating)

1/25/01
 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, 2001 Fee will be \$550.00
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 **DP** ☐ Delete
 NAME **ELLSWORTH, W. WM. III**
 STREET ADDRESS **6 LAKE VIEW PLACE**
 CITY-ST-ZIP **ANNA MARIA FL 34216**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **36815 Center Ave**
 CITY-ST-ZIP **Dade City FL 33525**

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

TITLE ☐ Change ☐ Addition
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 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:

Wm Ellsworth III **Wm Ellsworth III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/01 (863) 679-3460

Daytime Phone #

CR2E034 (10/00)