## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 22, 2000 08:00 AM DOCUMENT # F58262 1. Entity Name **Secretary of State** FLORILAND CORPORATION Principal Place of Business Mailing Address 415 PINEDA CT. 415 PINEDA CT. MELBOURNE MELBOURNE FL FL 32940 32940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2261724 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOSLEY, ESQ 1221 E NEW HAVEN AVE Street Address (P.O. Box Number is Not Acceptable) MELBOURNE 32901 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. 03/22/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Delete TITLE ☐ Change ☐ Addition MOSLEY CURTIS NAME STREET ADDRESS 1221 E NEW HAVEN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE 32901 TITLE ☐ Delete SD TITLE X Change ☐ Addition NAME NAME MESSARA MARIE MESSARA MARIE STREET ADDRESS 11 AVE PRINCESSE GRACE STREET ACCRESS 11 AVE PRINCESSE GRACE CITY-ST-ZIF CITY-ST-ZIP MONTE CARLO MONACO MC: 98000 MONTE CARLO MONACO MC MC 98000 TITLE X Delete TILE ☐ Change ☐ Addition NAME MESSARA FREDERICK NAME STREET ADDRESS 11 AVE PRINCESSE GRACE STREET ADDRESS CITY-ST-ZIP MONTE CARLO MONACO MC 98000 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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