

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90646 044 \*\*\*150.00

0002981 AV

**DOCUMENT # F95000001328**

1. Entity Name  
**AULD LAND SYNE, INC.**

Principal Place of Business  
**584 SOUTH FLETCHER AVE.**  
**FERNANDINA BEACH FL 32034**

Mailing Address  
**584 SOUTH FLETCHER AVE.**  
**FERNANDINA BEACH FL 32034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1688526**

Applied For

Not Applicable

Zip

Country

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

**AULD, RICHARD**  
**584 SOUTH FLETCHER AVE.**  
**FERNANDINA BEACH FL 32034**

Name  
**PAUL A. AULD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**584 S. FLETCHER AVENUE**  
 City **FERNANDINA BEACH** **FL** Zip Code **32034**

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 *Paul A. Auld*, PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**24 APRIL 02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE \$150.00**  
**After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete  
 NAME **AULD, RICHARD**  
 STREET ADDRESS **5964 HWY 29**  
 CITY-ST-ZIP **PALMETTO GA 30268**

TITLE **VPD** ☐ Change ☒ Addition  
 NAME **SETH D. AULD**  
 STREET ADDRESS **2122 THRASHER**  
 CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **SD** ☒ Delete  
 NAME **AULD, JO ELLEN**  
 STREET ADDRESS **3882 BAY WIND DR**  
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **T** ☐ Change ☒ Addition  
 NAME **SEAN CLEMENS**  
 STREET ADDRESS **87 S. FLETCHER AVENUE**  
 CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **VP** ☐ Delete  
 NAME **AULP, PAUL A**  
 STREET ADDRESS **584 S FLETCHER AVE**  
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **DP** ☒ Change ☐ Addition  
 NAME **AULD, PAUL A.**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition  
 NAME **WILLIAM L. AULD**  
 STREET ADDRESS **1897 ISLAND WALK WAY**  
 CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

*Paul A. Auld* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PAUL A. AULD PRESIDENT 904-277-9702**

Date

Daytime Phone #

CR2E034 (9/01)