2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) FILED F95000001328 DOCUMENT # 1. Entity Name 03 OCT 15 AM 10: 47 AULD LAND SYNE, INC. Principal Place of Business Mailing Address 584 SOUTH FLETCHER AVE. 584 SOUTH FLETCHER AVE. FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 2. Principal Place of Business
975. Fletcher Ave 3. Mailing Address 87 5. Fletcher Ave. REINSTATEMENT...O.3 City & State City & State 4. FEI Number Applied For 58-1688526 Not Applicable Zip Country Zip 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 AULD, PAUL A Street Address (P.O. Box Number is Not Acceptable) 584 SOUTH FLETCHER AVE. FERNANDINA BEACH FL 32034 City Zin 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE VD ☐ Delete TITLE NAME AULD, SETH D NAME 87 5. Fletcher Ave. 2122 THRASHER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME CLEMENS, SEAN NAME STREET ADDRESS STREET ADDRESS 87 S FLETCHER AVE CITY-ST-ZIF CITY-ST-ZIP |Fernandina Beach FL 32034 TITLE ☐ Delete TITLE - Addition DP NAME NAME AULD, PAUL A STREET ADDRESS STREET ADDRESS 584 S FLETCHER AVE CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME auld, William L 87 5. Fletcher Ave. STREET ADDRESS STREET ADDRESS 1897 ISLAND WALK WAY CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

Addition



October 9, 2003

Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee FL 32314-6327

Re:

Auld Land Syne, Inc., Document #F95000001328; Notice of Administrative Dissolution or Revocation

Gentlemen:

We received the above notice advising us that the Florida Department of State has revoked Auld Land Syne, Inc.'s authority to transact business in the State of Florida for failure to file its 2003 Corporation Annual Report/Uniform Business Report.

On April 17, 2003, I submitted the enclosed form electronically, at www.sunbiz.org, and thought I had paid the fee by my credit card. When we called your office today, there was no way to trace this without my confirmation number. Unfortunately, my computer crashed in June 2003 and all my business files were lost; therefore, I do not have the confirmation number.

We are enclosing a check for \$150.00, and respectfully request that you waive the reinstatement fees, as we, in good faith, did submit the form and thought it had been accepted. Auld Land Syne, Inc., has always been on time in filing the Corporation Annual Report/Uniform Business Report. Thank you for your consideration in this matter.

Sincerely yours,

Paul Auld

Registered Agent

Enclosure

904-277-9702

Fax: 904-277-0018