AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H75844

1. Entity Name
SANTALAND, INCORPORATED

FILED
03 NOV 12 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
406 BROAD STREET CORNER OF DORR & SIMPSON STREETS MILTON, FL 32570 US	4971 CHUMUCKLA HWY PACE, FL 32571 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2851 Remington Green Cir., Ste D	2851 Remington Green Cir., Ste D
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32308 Country: USA	Zip: 32308 Country: USA

4. FEI Number: 59-1359711 ☐ 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
FORTUNE, EDMOND M 4971 CHUMCKLA HWY PACE, FL 32571	Name: Robert A. Pierce Street Address (P.O. Box Number is Not Acceptable): 227 South Calhoun Street City: Tallahassee FL Zip Code: 32301

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.

SIGNATURE: Robert A. Pierce 11.11.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FORTUNE, EDMOND 4971 CHUMUCKLA HWY PACE, FL 32571	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D P MITCHELL, JOSEPH D. 2851 REMINGTON GREEN CIR., STE. D TALLAHASSEE, FL 32308	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FORTUNE, RUTHIE 4971 CHUMUCKLA HWY PACE, FL 32571	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VP S T FARMER, C. GUY 2851 REMINGTON GREEN CIR., STE. D TALLAHASSEE, FL 32308	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORTHCUTT, FELICIA 5449 ROWE TRAIL PACE, FL 32571	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500024962135 11/24/03--01027--007 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORTUNE, TERRY L 4960 FOREST CREEK PACE, FL 32571	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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.

SIGNATURE: C.G. FARMER 10/29/03 850.386.2522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #