

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92211 008 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # J23325 1. Entity Name CONDOR LAND HOLDINGS, INC.			
Principal Place of Business 43 FULLERWOOD DRIVE ST. AUGUSTINE, FL 32084 US		Mailing Address P.O. BOX 980 ST. AUGUSTINE, FL 32085 US	
2. Principal Place of Business 935 Ocean Shore Blvd #218 Suite, Apt. #, etc. Ormond Beach FL 32176 City & State		3. Mailing Address 935 Ocean Shore Blvd #218 Suite, Apt. #, etc. Ormond Beach FL City & State 32176	
Zip 32176		Country US	
4. Name and Address of Current Registered Agent RASCHKE, CARL 43 FULLERWOOD DRIVE ST. AUGUSTINE, FL 32084 935 Ocean Shore Blvd #218 Ormond Beach FL 32176		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. 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: <u><i>Carl Raschke</i></u> 4/25/03 Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature required when shipping)			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP PDS KLEIN, WERNER 2936 SE 68 AVE NORDHORN, GE	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP VT RASCHKE, CARL 43 FULLERWOOD DRIVE ST. AUGUSTINE, FL 32084 935 Ocean Shore Blvd #218 Ormond Beach FL	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP D ARNOLD, JOHANN DOTTINGER STR 4 MUENSINGEN, GE	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 attached with all other like empowered.			
SIGNATURE: <u><i>Carl Raschke</i></u> 4/25/03 386 441 7192 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

11041993



☒ CHECK HERE IF MAKING CHANGES

CPRE034 (10/02)