## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 13, 2001 8:00 am **DOCUMENT # L45731 Secretary of State** 1. Entity Name M.R.S. LAND COMPANY, INC. 02-13-2001 90573 025 \*\*\*150.00 Mailing Address Principal Place of Business PO BOX 2550 C/O ROBERT C. JENSEN 2528 N EAST AVE. PANAMA CITY FL 32402 PANAMA CITY FL 32405 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2990840 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JENSEN, ROBERT C., PRESIDENT Street Address (P.O. Box Number is Not Acceptable) 3106 W 23RD ST PANAMA CITY FL 32405 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE JENSEN, ROBERT C. NAME NAME STREET ADDRESS 2528 N EAST AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME HUNDLEY, RAY, JR. NAME STREET ADDRESS STREET ADDRESS 721 FREDERICK ST. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Addition Change TITLE TITLE ☐ Delete NAME HUTT, JOHN B., JR. NAME STREET ADDRESS STREET ADDRESS 3106 W 23RD ST CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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 as 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 repelver 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 with all other like empowered. changed, or on an attachm **M**ith an address

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

City-St-7/2

TOHN B. HUTT, Ju 2-12-0/
DORPRINTED NAME OF SIGNING OFFICER OR DIRECTOR / TREASURES

DIRECTOR / TREASURES