2902 UNIFORM BUSINESS REPORT (UBR)

TITISD MANNAN DR TALLAMASSEE FL 42669- 3 2 3 4 9 TALLAMASSEE FL 42669- 3 2 3 5 9 TALLAMASSEE F	DOCUMENT # P0000001861 1. Entity Name HARRELL'S LANDING, INC.						FILED	
Suite, Apt. #, etc. City & State Country Country B. Certificate of Status Desired \$6. The Number Sep-3697359 North Application of Status Desired \$6. The Address of Current Registered Agent T. Name and Address of New Registered Agent North North North Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the numpose of changing its registered difference of the property of th	11150 MAHAN DR.		11150 MAHAN DR.				02 APR 12 PM 3: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
City & State Country Zip Country S. Certificate of Status Desired S8.75 Addisonal Post Adoptical Service S8.75 Addisonal Post Addises of Current Registered Agent 7. Name and Address of New Registered Agent Name Name and Address of New Registered Agent Name Name and Address of New Registered Agent Name N	2. Principal F	Place of Business	3. Mailing Address					
September Sept	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\dashv	DO NOT WRITE IN THIS SPACE	
Selection Sele	City & Stat	te	City & State			4.	FEI Number 59-3697359 Applied For Not Applicable	
Name Name Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Cour	itry	5.	Certificate of Status Desired \$8.75 Additional	
HARRELL, JOHN W 11150 MAHAN DR. TALLAHASSEE FL 32398. 32 3 9 City FL Zip Code City FL Zip Code 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. SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Integratives Agent agriphature required when reintaturing) 9. This corporation is eligible to satisfy its intangible Task filing requirement and elects to do so. () After May 1, 2002 Fee will be \$550.00 After May 1		6. Name and Address of Current	Registered Agent			7.	Name and Address of New Registered Agent	
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, liped or private name of registered agent and site if agentscale. (NOTE Projected Agent algranum required when relicated agent agents are site if agentscale. (NOTE Projected Agent algranum required when relicated when relicated agent agents are site if agentscale. (NOTE Projected Agent algranum required when relicated wh	11150 MAHAN DR.							
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 SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 WILL MAKE SIREET ADDRESS OTTY-ST-2P TITLE MAKE UNYSTON, HARRELL STREET ADDRESS OTTY-ST-2P TITLE MAKE LAND O'LAKES FL 34639 Delete TITLE MAKE SIREET ADDRESS OTTY-ST-2P TITLE					City FI Zip Code			
Make Check Payable to Department of State	9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!	!! FEE	IS \$150.00		10. Election Campaign Financing \$5.00 May Be	
TITLE MAME MARKELL, JOHN W STREET ADDRESS SIREET ADDRESS CITY-ST-2P TITLE VP WINSTON, HARRELL 4914 CHURCH HILL PL. LAND O'LAKES FL 34639 TITLE MAME STREET ADDRESS CITY-ST-2P CHARGE STREET ADDRESS	(See crite	ría on back)	Make Check Payab	le to D	epartment of S	tate	Hust Fund Continuation. Added to Fees	
WINSTON, HARRELL 4914 CHURCH HILL PL LAND O'LAKES FL 34639 TITLE MAME MAME MAME MAME MAME MAME MAME MA	TITLE NAME STREET ADDRESS	P HARRELL, JOHN W 11150 MAHAN DR.	☐ Delete	TITLI NAM STRE	E ET ADORESS	ΑC	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STR	NAME STREET ADDRESS	WINSTON, HARRELL 4914 CHURCH HILL PL.	☐ Delete	NAM STRE	E ET ADDRESS		-05./06./0201 @35 ‱-00 6 Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	NAME STREET ADDRESS		☐ Delete	NAM STRE	E ET ADDRESS		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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)(1), Florida Statutes. I further certify that the information	NAME STREET ADDRESS		☐ Delete	NAM STRE	E ET ADDRESS		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 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	NAME STREET ADDRESS		☐ Delete	NAM: STRE	E Et address	√	☐ Change ☐ Addition	
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 eath; that I am an officer or director	NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with on this report or supplemental report is	this filling does not qualify for	NAMI STRE CITY	E ET ADDRESS -ST-ZIP mption stated in S	Section e same	n 119.07(3)(i), Florida Statutes. I further certify that the information	