

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90293 004 ***150.00

DOCUMENT # **P00000035625**
 1. Entity Name
FLORIDA LAND SALES, INC.

Principal Place of Business Mailing Address
5445 SE 111 ST P.O. BOX 2020
BELLEVIEW FL 34421 Belleview FL
34421

C0070397

2. Principal Place of Business 3. Mailing Address
5445 SE 111 ST P.O. BOX 2020
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
BELLEVIEW ~~FLORIDA~~ FLORIDA
 Zip Country Zip Country
34421 USA 34421 USA

4. FEI Number **59-3638336** ☒ Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

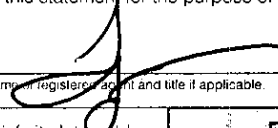
6. Name and Address of Current Registered Agent

Thomas J. CAFARO
10325 SE 42 Terrace
Belleview, FL 34420

7. Name and Address of New Registered Agent

Name **MARY ANN CAFARO**
 Street Address (P.O. Box Number is Not Acceptable)
10330 SE 43RD COURT
 City **BELLEVIEW FL** Zip Code **34420**

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.

(NOT: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ~~President~~ ☐ Delete
 NAME ~~MARY ANN CAFARO~~
 STREET ADDRESS ~~10330 SE 43RD COURT~~
 CITY-ST-ZIP ~~Belleview FL 34420~~

TITLE **President** ☒ Delete
 NAME **THOMAS J. CAFARO**
 STREET ADDRESS **10325 SE 42 Terrace**
 CITY-ST-ZIP **Belleview FL 34420**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
 NAME **MARY ANN CAFARO**
 STREET ADDRESS **10330 SE 43RD COURT**
 CITY-ST-ZIP **Belleview FL 34420**

TITLE ☐ Change ☐ Addition
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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 or supplemental report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report; that my signature shall have the same legal effect as if made under oath; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



MARY ANN CAFARO 5-23-01 35245-4789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)