

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
03-13-2001 90087 012 ***150.00

DOCUMENT # P00000040484

1. Entity Name
FLORIDA LAND INTERNATIONAL, INC.

Principal Place of Business
8372 BURWELL CIR. 9238 SNAPPER CIR.
PORT CHARLOTTE FL 33981

Mailing Address
8372 BURWELL CIR. 9238 SNAPPER CIR.
PORT CHARLOTTE FL 33981

2. Principal Place of Business
9238 SNAPPER CIR.
Suite, Apt. #, etc.

3. Mailing Address
9238 SNAPPER CIR.
Suite, Apt. #, etc.

City & State
PORT CHARLOTTE, FL

City & State
PORT CHARLOTTE, FL

Zip
33981-3346

Country
USA

Zip
33981-3346

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1002849

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BORCI, JOSEPH A JR
8372 BURWELL CIR.
PORT CHARLOTTE FL 33981

7. Name and Address of New Registered Agent
Name
RICHARD A. DUSO
Street Address (P.O. Box Number is Not Acceptable)
9238 SNAPPER CIR.
City
PORT CHARLOTTE FL Zip Code
33981-3346

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Richard A. Duso* DATE 03-06-01

SIGNATURE *Joseph A. Jr. Borci* DATE 03-05-01

(NOTE: Registered Agent signature required when renewing)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORCI, JOSEPH A JR		NAME		
STREET ADDRESS	8372 BURWELL CIR.		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33981		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSO, RICHARD A		NAME		
STREET ADDRESS	9238 SNAPPER CIR.		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33981		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard A. Duso* DATE: 03/29/01 DAYTIME PHONE: 941-697-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)