

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90154 045 ***150.00

DOCUMENT # P00000057787

1. Entity Name

SAN ANN LAND SERVICES, INC.



Principal Place of Business

32511 MICHIGAN AVE
SAN ANTONIO FL 33576

Mailing Address

P.O. BOX 21
SAN ANTONIO FL 33576

2. Principal Place of Business

29044 Tupper Rd
Suite, Apt. #, etc.

3. Mailing Address

29044 Tupper Rd
Suite, Apt. #, etc.

City & State

Zephyrhills, FL

City & State

Zephyrhills, FL

Zip 33544

Country US

Zip 33544

Country US

4. FEI Number

59-3656429

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOPKINS, WILLIAM T
32511 MICHIGAN AVE
SAN ANTONIO FL 33576

7. Name and Address of New Registered Agent

Name Hopkins, William T.
Street Address (P.O. Box Number is Not Acceptable)
29044 Tupper Rd
City Zephyrhills FL Zip Code 33544

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William T. Hopkins*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKINS, WILLIAM T P O BOX 21 SAN ANTONIO FL 33576 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKINS, LEIGH P O BOX 21 SAN ANTONIO FL 33576 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.

SIGNATURE: *William T. Hopkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)