

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90332 001 ***300.00

DOCUMENT # P00000058894

1. Entity Name
HERNANDO LAND HOLDING CORPORATION



Principal Place of Business
19619 NORTH DALE MABRY HIGHWAY
LUTZ FL 33549

Mailing Address
19619 NORTH DALE MABRY HIGHWAY
LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

19619 N. DALE MABRY HWY 19619 N. DALE MABRY HWY
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
LUTZ, FL

City & State
LUTZ, FL

4. FEI Number 59-3653112

Applied For
☐ Not Applicable

Zip 33548

Country US

Zip 33548

Country US

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, IVAN O
19619 NORTH DALE MABRY HIGHWAY
LUTZ FL 33549

Name MARTINEZ, IVAN O

Street Address (P.O. Box Number is Not Acceptable)

19619 N. DALE MABRY HWY

City LUTZ

FL

Zip Code 33548

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

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 PSD ☐ Delete
NAME MARTINEZ, IVAN O
STREET ADDRESS 19619 NORTH DALE MABRY HIGHWAY
CITY-ST-ZIP LUTZ FL 33549

TITLE P/D ☒ Change ☐ Addition
NAME MARTINEZ, IVAN O
STREET ADDRESS 19619 N. DALE MABRY HWY
CITY-ST-ZIP LUTZ, FL 33548

TITLE VPTD ☐ Delete
NAME MARTINEZ, WILLIAM
STREET ADDRESS 19619 NORTH DALE MABRY HIGHWAY
CITY-ST-ZIP LUTZ FL 33549

TITLE VP/D ☒ Change ☐ Addition
NAME MARTINEZ, WILLIAM
STREET ADDRESS 19619 N. DALE MABRY HWY
CITY-ST-ZIP LUTZ, FL 33548

TITLE S ☐ Delete
NAME MARTINEZ, MARIA A
STREET ADDRESS 19619 N. DALE MABRY HWY.
CITY-ST-ZIP LUTZ FL 33548

TITLE S/T ☒ Change ☐ Addition
NAME MARTINEZ, MARIA A
STREET ADDRESS 19619 N. DALE MABRY HWY
CITY-ST-ZIP LUTZ, FL 33548

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)