

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90073 001 ***150.00

DOCUMENT # P00000089839

1. Entity Name
LAND II CORPORATION



Principal Place of Business
4103 TAMiami TRAIL EAST
NAPLES FL 34112

Mailing Address
P O BOX 10610
NAPLES FL 34101

70014942



2. Principal Place of Business
2116 MISSION DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
NAPLES FL

City & State

4. FEI Number **59-3673866**

Applied For
Not Applicable

Zip **34109** **Country** **COLLIER**

Zip **Country**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, ARTHUR G
4103 TAMiami TRAIL EAST 2116 MISSION DRIVE
NAPLES FL 34112 NAPLES FL 34109

Name

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

City

FL

Zip Code

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVTD** ☐ **Delete**
NAME **DAVIS, ARTHUR G**
STREET ADDRESS **4103 TAMiami TRAIL EAST**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☒ **Change** ☐ **Addition**
NAME **ARTHUR G. DAVIS**
STREET ADDRESS **2116 MISSION DRIVE**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **SECRETARY** ☐ **Delete**
NAME **ARTHUR G. DAVIS**
STREET ADDRESS **2116 MISSION DRIVE**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ **Change** ☒ **Addition**
NAME **ARTHUR G. DAVIS**
STREET ADDRESS **2116 MISSION DRIVE**
CITY-ST-ZIP **NAPLES FL 34109**

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

TITLE ☐ **Change** ☐ **Addition**
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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:

ARTHUR G. DAVIS

PRESIDENT

JAN 23, 2003

Date

Daytime Phone #

CR2E034 (10/02)