

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90166 032 ***150.00

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1. Entity Name

BOARDWALK LAND DEVELOPMENT, INC.



Principal Place of Business
**1250 E HALLANDALE BEACH BLVD
SUITE 300
HALLANDALE FL 33009**

Mailing Address
**1250 E HALLANDALE BEACH BLVD
SUITE 300
HALLANDALE FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1090000

Applied For

Not Applicable

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

**NESTOR, BRENDA
1250 E HALLANDALE BEACH BLVD
SUITE 300
HALLANDALE FL 33009**

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPAT	<input type="checkbox"/> Delete
NAME	NESTOR, BRENDA	
STREET ADDRESS	1250 E HALLANDALE BEACH BLVD STE 300	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VCEV	<input type="checkbox"/> Delete
NAME	COLVIN, MELVIN	
STREET ADDRESS	1250 E HALLANDALE BEACH BLVD STE 300	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LAUNER, BLANCHE	
STREET ADDRESS	1250 E HALLANDALE BEACH BLVD STE 300	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	CFOA	<input type="checkbox"/> Delete
NAME	MCGANN, EDWARD T	
STREET ADDRESS	1250 E HALLANDALE BEACH BLVD STE 300	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Chairman/Pres/CEO/AT/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Chair/ExVP/AT/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Pres/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 SIGNER OFFICER OR DIRECTOR

Brenda Nestor

4/23/03

954-458-4343

Date

Daytime Phone #

CR2E034 (10/02)