


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90977 004 \*\*\*150.00

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

**DOCUMENT # P01000015757**

1. Entity Name  
**JESTAN LAND COMPANY**



Principal Place of Business  
 16759 S.R. 54  
 ODESSA, FL 33556

Mailing Address  
 16759 S.R. 54  
 ODESSA, FL 33556

11021847

2. Principal Place of Business  
 16759 State Road 54  
 Suite, Apt. #, etc.  
 Lot 2, FL  
 City & State  
 33558  
 Zip  
 33558  
 Country  
 USA

3. Mailing Address  
 16759 State Road 54  
 Suite, Apt. #, etc.  
 Lot 2 FL  
 City & State  
 Lot 2 FL  
 Zip  
 33558  
 Country  
 USA



CHECK HERE IF MAKING CHANGES

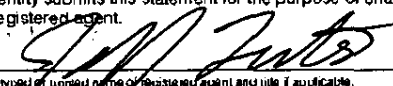
4. FEI Number **59-3716659** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
 FUENTES, JEFFREY L  
 16759 S.R. 54  
 ODESSA, FL 33566

7. Name and Address of New Registered Agent  
 Name **Jeff Fuentes**  
 Street Address (P.O. Box Number Is Not Acceptable)  
 16759 State Road 54  
 City **Lot 2** **FL** Zip Code **33558**

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  DATE **4/23/03**


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)

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	<b>D</b> <b>FUENTES, JEFFREY L</b> <b>16759 S.R. 54</b> <b>ODESSA, FL 33556</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 507, 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:  DATE **4/23/03** **8136107401**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)