

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90107 002 ***150.00

0016856 AV

DOCUMENT # P01000026107

1. Entity Name
HOMES & LAND MAGAZINE OF NEW SMYRNA BEACH, INC.

Principal Place of Business
5812 ANTIGUA DR
PORT ORANGE FL 32127

Mailing Address
5812 ANTIGUA DR
PORT ORANGE FL 32127



2. Principal Place of Business
171 SLASH PINE CT.

3. Mailing Address
171 SLASH PINE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
New Smyrna Bch FL

City & State
New Smyrna Bch, FL

4. FEI Number
59-3703344

Applied For
 Not Applicable

Zip
32168

Country

Zip
32168

Country

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

6. Name and Address of Current Registered Agent

MORGAN, PATRICIA
5812 ANTIGUA DR
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name

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

171 SLASH PINE CT.

City **New Smyrna Bch**

FL

Zip Code **32168**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
 NAME **MORGAN, PATRICIA**
 STREET ADDRESS **5812 ANTIGUA DR**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **VTD** ☐ Delete
 NAME **MORGAN, DAVID S**
 STREET ADDRESS **5812 ANTIGUA DR**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **171 SLASH PINE CT**
 CITY-ST-ZIP **New Smyrna Bch, FL 32168**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **171 SLASH PINE CT**
 CITY-ST-ZIP **New Smyrna Bch, FL 32168**

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

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

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

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

13. 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 11 or Block 12 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 #

1/22/02 386-423-0909

CR2E034 (9/01)