

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 91772 022 ***550.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000048934

1. Entity Name
S & K LAND OF NORTHWEST FLORIDA, INC.

Principal Place of Business
44 SHALIMAR DR.
SHALIMAR, FL 32579

Mailing Address
PO BOX 999
DESTIN, FL 32540

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
59-3718977

X Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COFFIELD, P. COLLEEN
1719 S. COUNTY HWY. 389
SANTA ROSA BEACH, FL 32459

7. Name and Address of New Registered Agent

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. Must be printed name of registered agent and also I acknowledge.

(NOTE: Registered Agent's signature required when submitting)

DATE

FILE NO. 11164.00
FEB 11 2003 11:15 AM
FILED IN 11164.00
FILED IN 11164.00

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D REEVES, KEVIN	44 SHALIMAR DR.	SHALIMAR, FL 32579	☐	☐
	D KING, STEVE	PO BOX 999	DESTIN, FL 32540	☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with as other like empowered.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR

April 30, 03

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