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

## Apr 09, 2003 8:00 am Secretary of State

DOCUMENT  1. Entity Name  LAND ROVER SO	"# P0200 OUTHPOINTE, INC.	0053074			03-31-2003	90192 047	130.00	
5151 CLARK RD		Mailing Address PO BOX 4009 SARASOTA FL 34230						
2. Principal Place of Bus	iness	3. Mailing Address	<del></del>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			FEI Number 54-2063341		Applied For Not Applicable	
Zip 	Country	Zip	Country			S8.75 A		
6. Nam	e and Address of Current F	Registered Agent		7.	Name and Address of New Regi	stered Agent		
LIDEED MAKE	سيستجنسه يسا الأرار		Name_					
URFER, JACK D 5151 CLARK RD			Street	Street Address (P.O. Box Number is Not Acceptable)				
SARASOTA FL 3423	3		City	<del></del> -		FL Zip Co	ode	
8. The above named entithe obligations of regis		the purpose of changing its	registered office of	r registered a	gent, or both, in the State of Florida		h, and accept	
SIGNATURE Signature, MOR	d or printed name of registered agent &f	nd title if applicable. (NOT)	E. Registered Agent signa	ture recuired when	reinstating)	DATE		
After May 1, 20	III FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	State			Election Campaign Financ Trust Fund Contribution.		.00 May Be	
10.	OFFICERS AND D	DIRECTORS	11.		DDITIONS/CHANGES TO OFFICE	RS AND DIRECTO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .	TITLE NAME STREET ADDRESS CITY-ST-72P	5151 (	JACK D. Clark Road Sta.Florida 3423	☐ Change	Addition  Addition	
TITLE NAME STREET ADDRESS , , CITY-ST-ZIP	er o per la co	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD URFER,	THELMA I.	☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRESS CITY-ST-7IP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS		C Defete	TITLE NAME STREET ADDRESS			. Change	Addition	
CITY-ST-ZIP	Notae and the second	to City and a second second	CITY-ST-ZIP	1- 0 1	119.07(3)(i), Florida Statutes. I furt	L		

introduction on this report of 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.