

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


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90381 006 ***150.00

0448396 AV

DOCUMENT # **P02000070258**

1. Entity Name
ILANCORP, INC.



Principal Place of Business
**707 DEL WEBB BOULEVARD WEST
SUN CITY CENTER FL 33573**

Mailing Address
**707 DEL WEBB BOULEVARD WEST
SUN CITY CENTER FL 33573**



2. Principal Place of Business
3103 BROKEN ARROW CT.

3. Mailing Address
3103 BROKEN ARROW CT.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
WIMAUMA, FL

City & State
WIMAUMA, FL

Zip
33598

Country
USA

Zip
33598

Country
USA

4. FEI Number
41-2049814

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PYLE, TERRENCE F
707 DEL WEBB BOULEVARD WEST
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

Name
Phillip Moss

Street Address (P.O. Box Number is Not Acceptable)
3103 Broken Arrow Circle

City
WIMAUMA

FL
FL

Zip Code
33598

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 **Phillip Moss** *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE **4/26/03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PYLE, TERRENCE F 707 DEL WEBB BOULEVARD WEST SUN CITY CENTER FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D MOSS, PHILLIP W. 3103 BROKEN ARROW CT. WIMAUMA, FL 33598	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T MOSS, MONETTE L. 3103 BROKEN ARROW CT. WIMAUMA, FL 33598	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 REQUIRED** *[Signature]*

Date **4/26/03** Daytime Phone # **813 642-8206**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)