

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/10/2003-90050-008-\$550.00!\$550.00

03 OCT 10 PM 12:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000125449

1. Entity Name
HIDEAWAY LANDS INCORPORATED



Principal Place of Business
11411 GRANDVIEW DRIVE
DADE CITY FL 33525

Mailing Address
11411 GRANDVIEW DRIVE
DADE CITY FL 33525

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

050587893

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee, Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AJVL, JONATHAN L
37837 MERIDIAN AVENUE
SUITE 314
DADE CITY FL 33525

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	AJVL, JONATHAN L	37837 MERIDIAN AVENUE, SUITE 314	DADE CITY FL 33525	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan L. Ajvl

9/7/03

Date

352-567-6281

Daytime Phone #

7/10/13

CR2E034 (4/03)