

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
 05-18-2000 90352 049 ***158.75

DOCUMENT # P93000087197

1. Entity Name

CORDOBA DEVELOPMENT COMPANY II

Principal Place of Business

Mailing Address

3750 GUNN HWY.
 SUITE 1-B
 TAMPA FL 33624

3750 GUNN HWY.
 SUITE 1-B
 TAMPA FL 33624-4905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3802 A GUNN HWY

A SUITE

City & State

City & State

TAMPA, FLORIDA

TAMPA FLORIDA

Zip

Country

Zip

Country

33624

USA

33624

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CWJ INVESTMENTS INC
 11700 N. 58TH ST.
 SUITE F
 TAMPA FL 33617

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DPST
 PONTON, W. LANCE
 3750 GUNN HWY., SUITE 1-B
 TAMPA FL 33624 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DPST
 PONTON W. LANCE
 3802 A GUNN HWY
 TAMPA, FL 33624 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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

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:

W. Lance Ponton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 813 8825446
 Date Daytime Phone #

CR2E034 (9/99)