

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


**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90228 017 \*\*\*150.00

MSA074 AV

DOCUMENT # **P94000002011**

1. Entity Name  
**818 LANDHOLDINGS, INC.**



Principal Place of Business  
**502 S FREMONT AVE.  
602  
TAMPA FL 33606**

Mailing Address  
**502 S FREMONT  
602  
TAMPA FL 33606**



2. Principal Place of Business  
**1104 ISLAMARADA LN**

3. Mailing Address  
**1104 ISLAMARADA LN**

Suite, Apt. #, etc.

City & State  
**TAMPA - FLORIDA**

City & State  
**TAMPA**

Zip  
**33606**

Country  
**USA**

Zip  
**33606**

Country  
**USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3225885**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**YARNELL, RICHARD**  
~~502 S FREMONT AVE.~~  
~~602~~  
**TAMPA FL 33606**

*Address change only* →

7. Name and Address of New Registered Agent

Name  
**RICHARD YARNELL**

Street Address (P.O. Box Number is Not Acceptable)  
**1104 ISLAMARADA LN**

City **TAMPA** FL Zip Code **33606**

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]* **Richard Yarnell** P

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **4-15-03**

**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	<b>PD YARNELL, RICHARD L 502 S FREMONT #602 TAMPA FL 33606</b>	<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
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	<b>PRESIDENT RICHARD YARNELL 1104 ISLAMARADA LN TAMPA - FL - 33606</b>	<input checked="" 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
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]* **Richard Yarnell** President **8138435117** **4-15-03**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)