

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000057131

1. Entity Name

LAND & CASTLE INTERNATIONAL CORP.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90132 001 ***361.25

0465629

Principal Place of Business 165 CESSNA DR. SUITE 107 PORT ST. JOE FL 32456	Mailing Address 165 CESSNA DR. SUITE 107 PORT ST. JOE FL 32456
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>144 Plantation Dr.</u>	3. Mailing Address <u>144 Plantation Dr.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <u>Port St. Joe, FL</u>	City & State <u>Port St. Joe, FL</u>
Zip <u>32456</u>	Zip <u>32456</u>
Country	Country

4. FEI Number 59-3266569	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LONDONO, BETTY J 165 CESSNA DRIVE SUITE 107 PORT ST JOE FL 32456
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>144 Plantation Dr.</u> City <u>Port St. Joe</u> <u>FL</u> Zip Code <u>32456</u>
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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] RA

(NOTE: Registered Agent signature required when reinstating)

DATE 4/30/01

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, 2001 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	D LONDONO, BETTY JEAN 165 CESSNA DR., STE. 107 PORT ST. JOE FL 32456	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>144 Plantation Dr.</u> <u>Port St. Joe FL 32456</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/30/01 DAYTIME PHONE # 850 229-9228

CR2E034 (10/00)