

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092844

1. Entity Name
ST. JOHN & LANDON FINANCIAL SERVICES CORPORATION

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90209 011 ***150.00

Principal Place of Business
1640 NW BOCA RATON BLVD
STE 3D
BOCA RATON FL 33432
US

Mailing Address
1640 NW BOCA RATON BLVD
STE 3D
BOCA RATON FL 33432-1614
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4401 N. FEDERAL HIGHWAY

3. Mailing Address
4401 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.
202

City & State
BOCA RATON, FL

City & State
BOCA RATON

4. FEI Number 65-0543213 Applied For
Not Applicable

Zip 33431 Country USA

Zip 33431 Country USA

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

6. Name and Address of Current Registered Agent

LANDON, JAMES C
1640 NW BOCA RATON BLVD
BOCA RATON FL 33432

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4401 N FEDERAL HIGHWAY
SUITE 202
City BOCA RATON FL Zip Code 33431

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 JAMES C. LANDON DATE 4/19/2000
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST LANDON, JAMES C. 1640 NW BOCA RATON BLVD BOCA RATON FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ST. JOHN, MICHAEL J. 1640 NW BOCA RATON BLVD BOCA RATON FL 33432 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, S, T, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4401 N FEDERAL HWY, STE 202 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4401 N FEDERAL HWY, STE 202 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHOLEATON, CLIVE 4401 N. FEDERAL HWY, STE 202 BOCA RATON, FL 33431
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

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: JAMES C. LANDON DATE 4/19/2000 Daytime Phone # 561-391-4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)