2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092844

1. Entity Name

ST. JOHN & LANDON FINANCIAL SERVICES CORPORATION							
Principal Place of Business	Mailing Address						
4401 N FEDERAL HWY SUITE 202 BOCA RATON FL 33432 US	4401 N FEDERAL HWY SUITE 202 BOCA RATON FL 33432 US						
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						
City & State	City & State						

FILED Apr 25, 2001 8:00 am Secretary of State 04-25-2001 90003 026 ***150.00

SUITE 202 BOCA RATON FL 33432 US			SUITE 202 BOCA RATON FL 33432 US						() ((((((((((((((((((
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WR	ITE IN THIS	SPACE			
City & State			City & State			4. F	El Number	65-05432	13	+	Applied For Not Applicable	7
Zip		Country	Zip	try	5. 0	Certificate of	Status Desired		\$8.75 A Fee Requi		Ī	
	6.∽Name	and Address of Current R	egistered Agent		-	7. N	lame and Ad	dress of New	Registered	Agent		_] -
					Name							
ΙΔΝΓ	ON IMP	S C										
LANDON, JAMES C 4401 N FEDERAL HWY., SUITE 202					Street Address	s (P.O. B	lox Number i	s Not Acceptab	le)			-
BOC	a raton f	·L 33432										
					City				F	L Zip Co	ode]
8. The above	named entity	y submits this statement for	the purpose of changing its	s registere	ed office or regist	tered ag	ent, or both,	in the State of F	iorida.			İ
SIGNATURE _	Signature, typed	or printed name of registered agent an	d title if applicable. (NO	ΓE: Registere	d Agent signature requi	red when re	instating)	·	DATE			
		ible to estisfy its Intoncible	FILE NOW	III EEE	IS \$150.00				-			7
The corporation is angle to seeming the interest of the corporation in				,)			Campaign Financing		\$5.00 May Be		
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta				Trust	Fund Contributi	on.	∐ Add	led to Fees	1
		OFFICERS AND D		12.			DITIONS/CE	HANGES TO OF	FICERS AN	ID DIRECTO	ORS IN 11	┪
11.	PSTD	OFFICERS AND D	Delete	TITLE			<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. , , , , , , , , , , , , , , , , , , ,	☐ Change		1 8
TITLE		JAMES C.	. Delete	NAMI							_	2
NAME - STREET ADDRESS		EDERAL HWY., SUITE 20	19		ET ADDRESS							3
CITY-ST-ZIP		TON FL 33432	JE.		-ST-ZIP							١
	VPD	1014 FE 30432	Delete	TITLE	:					Chang	e 🔲 Addition	7 5
TITLE		I, MICHAEL J.	L Delete	NAM	1							1
NAME STREET ADDRESS		I, MICHAEL J. EDERAL HWY., SUITE 21	no		ET ADDRESS							
CITY-ST-ZIP		TON FL 33432	JE		-ST-ZIP							
	VPD	TON FL 30402	Delete	TITLE						Change	e 🔲 Addition	1
TITLE NAME		ON, CLIVE	Delete	NAM			-				. .	1
STREET ADDRESS		EDERAL HWY., SUITE 20	n2 /		ET ADDRESS							
CITY-ST-ZIP		TON FL 33431	-	CITY	-ST-ZIP							
TITLE	5557.10		☐ Delete	TITLE	:					☐ Chang	e 🔲 Addition	
NAME				NAM	E							
STREET ADDRESS				STRE	ET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP							_}
TITLE			☐ Delete	TITLE						☐ Chang	e 🔲 Addition	
NAME				NAM	E							1
STREET ADDRESS				STRE	ET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP							_
TITLE			☐ Delete	TITLE	:					☐ Chang	e 🔲 Addition	
NAME				NAM	€							
STREET ADDRESS				STRE	ET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP							1
13. I hereby of indicated	certify that the	e information supplied with t	his filing does not qualify for true and accurate and that	or the exe my signa	mption stated in ture shall have the	Section le same	119.07(3)(i), legal effect a	Florida Statutes	. I further corrections and the control of the cont	ertify that the	e information cer or director	

of the corporation or the receiver or trustee empowered to execute this report as required by changed, or on an attachment with an address, with all other like empowered.