2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **P95000078836** Apr 06, 2000 8:00 am Secretary of State 1. Entity Name FL LANDING COMPANY OF SAN ANTONIO, INC. 04-06-2000 90069 001 ***150.00 04-06-2000 90069 002 *****8.75 Mailing Address Principal Place of Business 7355 S.W. 9TH STREET 7355 S.W. 9TH STREET VERO BEACH FL 32968 VERO BEACH FL 32968-9292 19009 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0624929 Not Applicable Country \$8.75 Additional Ziρ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GORDON, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 7355 S.W. 9TH STREET VERO BEACH FL 32968 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE TITLE ☐ Delete GORDON, WILLIAM J NAME NAME STREET ADDRESS 7355 S.W. 9TH STREET STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32968 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition _ _ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

== William J. Gordon 3/24/00 (501)770-0042