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

DOCUMENT # 1. Entity Name

P96000029309

STILLICIF LAND CORP



**FILED** May 02, 2003 8:00 am Secretary of State

05-02-2003 90422 046 \*\*\*150.00

01. 20012 0				18 J			
450 EAST LAS OLAS BLVD. 450 I SUITE 1500 SUITI		SUITE 1500	50 EAST LAS OLAS BLVD.			111 1111 1111 1111 1111 1111 1111	
2. Principal Place of Business		3. Mailing Address				<b>0</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 65-0675022	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BAAUAU BIAUABB A			Name	Name ,			
ROCHON, RIC			Street A	Street Address (P.O. Box Number is Not Acceptable)			
450 E LAS OL	AS BLVD		<u> </u>				
1500	<u> </u>						
FT LAUDERDA	ALE FL 33301		City	City FL Zip Code		Zip Code	
	ed entity submits this statement for of registered agent.	the purpose of changing its	registered office of	r registere	d agent, or both, in the State of Florida. I am fa	miliar with, and accept	
SIGNATURE	ure, typed or printed name of registered agent an	d title if applicable. (NOTE	E: Registered Agent signal	ture required w	then reinstating) DATE		
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.	<b>\$5.00</b> May Be Added to Fees	
			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  E Change Addition  ME			
TITLE VT	MIDEN CDIC V	☐ Delete	TITLE			Change  Addition	
			NAME STREET ADDRESS				
			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME	DP	eNGA, HI WAYNE JR E CAS OLAS BLUD SVITE 15	☐ Change	
STREET ADDRESS			STREET ADDRESS	450	E LAS'OLAS BLUD SUITE (S	500	

☐ Change Addition ☐ Delete HANDLEY RICHARD L 450 E LAS OLAS BLYD SUIE 1500 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS FT CHRUMLE FL 33301 CITY-ST-ZIP ÇITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 attachmen

SIGNATURE: