

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91564 043 ***158.75

DOCUMENT # **P960000054425**
1. Entity Name
AMERICAN LAND Holdings Inc.

DO NOT WRITE IN THIS SPACE

642908

2. Principal Place of Business 201 W MARION AVE		3. Mailing Address 201 W. MARION AVE	
Suite, Apt. #, etc. Suite 207		Suite, Apt. #, etc. Suite 207	
City & State Punta Gorda, FL		City & State Punta Gorda, FL	
Zip 33950	Country USA	Zip 33950	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 650070709	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name James W. Kaywell
Street Address (P.O. Box Number is Not Acceptable) 201 W MARION AVE
Suite 207
City Punta Gorda
FL Zip Code 33950

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PAIGE KREEGEL - President
NAME 2081 SANDY PINE DRIVE
STREET ADDRESS PUNTA GORDA, FL - 33982
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **PAIGE KREEGEL** 445-02 (94) 629-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)