

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

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90054 027 ***150.00

DOCUMENT # P96000090987

1. Entity Name

SOMERSET LAND COMPANY



Principal Place of Business

P. O. BOX 562438

MIAMI FL 33256

US

Mailing Address

P. O. BOX 562438

MIAMI FL 33256

US

2. Principal Place of Business

1401 University Dr.

Suite, Apt. #, etc.

Suite 301

City & State

Coral Springs, FL

Zip

33071

Country

USA

3. Mailing Address

1401 University Dr.

Suite, Apt. #, etc.

Suite 301

City & State

Coral Springs, FL

Zip

33071

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0709396

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HUME, JOHN

1401 UNIVERSITY DRIVE 301

CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when 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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
ORRIOLS, ALINA J
PO BOX 562438
MIAMI FL 33256** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPAS
HUME, JOHN
1401 UNIVERSITY DRIVE 301
CORAL SPRINGS FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
John Hume
1401 University Dr. #301
Coral Springs, FL 33071** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Hume

Director

3-7-03

Date

954-755-9880

Daytime Phone #

CR2E034 (10/02)