

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

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90011 048 ***150.00

DOCUMENT # P97000057699

1. Entity Name

Florida Land Agency, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 2881

3. Mailing Address

PO Box 2881

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3454749

Applied For

☐ Not Applicable

Zip

33731-2881

Country

USA

Zip

33731-2881

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

M. Timothy Farrell

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

100 - 2nd Avenue South, #600

City

St. Petersburg

FL

Zip Code

33701-4336

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

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

M. Timothy Farrell
(NOTE: Registered Agent signature required when reinstating)

1/22/02
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 DPT
NAME Russell W. Allan
STREET ADDRESS PO Box 2881
CITY-ST-ZIP St. Petersburg, FL 33731-2881

TITLE DVS
NAME William D. Allan
STREET ADDRESS PO Box 2881
CITY-ST-ZIP St. Petersburg, FL 33731-2881

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**DO NOT WRITE
IN THIS SPACE**

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:

William D. Allan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 22 2002
Date

416-594-1997
Daytime Phone #

CR2E034B (12/01)