

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90126 044 ***150.00

DOCUMENT # P97000076495

1. Entity Name
NATIONAL LAND COMPANY, INC.



Principal Place of Business
**223 SUNSET AVENUE
PALM BEACH FL 33480**

Mailing Address
**223 SUNSET AVENUE
PALM BEACH FL 33480**



2. Principal Place of Business
c/o Huffman

3. Mailing Address
c/o Huffman

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.
350 Royal Palm Way #409

Suite, Apt. #, etc.
350 Royal Palm Way #409

City, State, Zip
Palm Beach, FL 33480 USA

City, State, Zip
Palm Beach, FL 33480 USA

4. FEI Number **65-0782049**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Huffman, Kent Esq.

Street Address (P.O. Box number is not acceptable)
350 Royal Palm Way

Suite
Suite 409

City, State, Zip
Palm Beach FL 33480

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 DATE **4/10/03**

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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P3D	<input type="checkbox"/> Delete	TITLE	DPS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALADINO, VICTORIA		NAME	VICTORIA PALADINO	
STREET ADDRESS	C/O HUFFMAN, 223 SUNSET AVENUE, #200		STREET ADDRESS	C/O HUFFMAN 350 ROYAL PALM WAY #409	
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALADINO, DAVID G		NAME	DAVID PALADINO	
STREET ADDRESS	C/O HUFFMAN 223 SUNSET AV. #200		STREET ADDRESS	C/O HUFFMAN 350 ROYAL PALM WAY #409	
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **4/15/03** **561-586-2751**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)