

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90185 016 ***150.00

DOCUMENT # P97000093716

1. Entity Name

FOWL LAND COMPANY, INC.

Principal Place of Business

**5604 S RIDGEWOOD AVE
PORT ORANGE FL 32127
US**

Mailing Address

**P.O. BOX 290969
PORT ORANGE FL 32169-0969
US**

2. Principal Place of Business

**5889 Airport Rd
Suite, Apt. #, etc.
Ste 1303**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Port Orange, FL

City & State

Zip

32124

Country

USA

Country

4. FEI Number **59-3476911**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, DONALD
5604 S RIDGEWOOD AV
PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent

Name

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

**5889 Airport Rd.
Ste 1303**

City

Port Orange

FL

Zip Code

32124

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

4/25/01

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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 **DP** ☐ Delete
NAME **WILSON, DONALD W**
STREET ADDRESS **5604 S RIDGEWOOD AVE**
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE **VPD** ☐ Delete
NAME **PEACOCK, JAMES R SR**
STREET ADDRESS **5604 S RIDGEWOOD AVE**
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5889 Airport Rd Ste 1303**
CITY-ST-ZIP **Port Orange FL 32124**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5889 Airport Rd. Ste. 1303**
CITY-ST-ZIP **Port Orange FL 32124**

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

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

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

386 788 3117

Daytime Phone #

CR2E034 (10/00)