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

## **DOCUMENT #** P98000074835

1. Entity Name



**FILED** Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90332 014 \*\*\*158.75

PACIFIC	LAND MANAGEMENT CON	IPANY					
Principal Place of Business         Mailing Address           503 10TH ST. W.         503 10TH ST. W.           PALMETTO FL 34221         PALMETTO FL 34221							
Principal Place of Business     3. Mailing Address		,					
Suite, Apt. #, etc. Suite Apt. # etc.							
Suite, Apt. #, etc.				XX CHECK HERE I	IF MAKING CHANGES	8	
City & State		City & State		4. FEi Number 65-0872211	<del></del>	Applied For	
Zip ·	Country	Zip	Country			□ \$8.75 Ad	lot Applicable
	C Nondada				5. Certificate of Status Desired	Fee Require	
	6. Name and Address of Current	Registered Agent	- I. N.		7. Name and Address of New Re	gistered Agent	
CARRAWAY, MAC 503 10TH ST. W. PALMETTO FL 34221				OCK, L et Addréss (F	rd:-Vogler anders, Walters & \ O Box Number is Not Acceptable) Street West	logler, P. A	
	<i>A</i> ·		City	Dna	donton	FL Zip Cod 3420	de_
8. The above	e named entity submits this statement for	r the purpose of charging its r	egistered office	or registere	denton ed agent, or both, in the State of Flor	ida Lam familiar with	U5
8. The above named entity submits this statement for the purpose of charging 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		LUXULE	4			~ _5 (	ا در
·	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent si	nature required v	when reinstating)	OATE	
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 Fina Trust Fund Contribution.		00 May Be d to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTOR	S IN 11
TITLE	D. FOROMER MODERN	, Delete	TITLE		<u> </u>	☐ Change	☐ Addition
NAME STREET ADDRESS	ESFORMES, JOSEPH 503 10TH ST. W.		NAME STREET ADDRES	,,			
CITY-ST-ZIP	PALMETTO FL 34221	,	CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	ESFORMES, NATHAN J  503 10TH ST. W.		NAME			_ •	_
CITY-ST-ZIP	PALMETTO PARK FL 34221		STREET ADDRES	s			
TITLE	D	☐ Delete	TITLE	<del> </del>		Change	✓ Addision
NAME	HELLER, HARVEY R	La Donge	NAME	-	all a service of the	Cḥange	☐ Addition
STREET ADDRESS	288 9TH ST.		STREET ADDRES	s			
CITY-ST-ZIP	WINTER GARDEN FL 34787		CITY-ST-ZIP	<u> </u>			
TITLE NAME	D  Falk, harry h	☐ Delete	TITLE	Ī		Change	Addition
STREET ADDRESS	288 9TH ST.		NAME Street addres	,			
CITY-ST-ZIP	WINTER GARDEN FL 34787		CITY-ST-ZIP				
TITLE	ST	☐ Delete	TITLE	<del>  -</del> -	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
NAME	CARRAWAY, MAC		NAME				
STREET ADDRESS CITY-ST-ZIP	503 10TH ST W PALMETTO FL 34221		STREET ADDRESS	3			
TITLE	TALMETTO PL 34221		CITY-ST-ZIP	-			
NAME	₹ <u>**</u>	☐ Delete	TITLE NAME .	1		☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS	; [*	s in the same		1
CITY-\$T-ZIP	2 24 4 34 4 3		CITY-ST-ZIP				
12 I barabu a	and the state of t						

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 attachmen with an address, with all other like empowered.

**SIGNATURE:** 

VICE PLANTS OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03

941-722-7291