

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000094060

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: SOUTHERN LAND SERVICES, INC.

Current Principal Place of Business:

8041 MAINLINE PARKWAY
FT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

P O BOX 530
ESTERO, FL 33928

New Mailing Address:

FEI Number: 65-0880810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETROZZI, THOMAS
8041 MAINLINE PARKWAY
FORT MYERS, FL 33912

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BARRON, DAVID
Address: PO BOX 308
City-St-Zip: DURANT, FL 33530

Title: DVP () Delete
Name: PETROZZI, THOMAS
Address: PO BOX 530
City-St-Zip: FOERT MYERS, FL 33928

Title: DS () Delete
Name: WILLSON, THOMAS
Address: PO BOX 530
City-St-Zip: FORT MYERS, FL 33928

Title: T (X) Delete
Name: ENGLEHARDT, KEVIN
Address: PO BOX 373
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS PETROZZI

DVP

04/26/2002

Electronic Signature of Signing Officer or Director

Date