

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90814 022 \*\*\*150.00

DOCUMENT # P99000026771

1. Entity Name

HOMES & LAND REALTY, INC.



**DO NOT WRITE IN THIS SPACE**

**10095722**

2. Principal Place of Business  
5420 Atlantic View Dr.

3. Mailing Address  
5420 Atlantic View Dr.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
St. Augustine, FL

City & State  
St. Augustine, FL

4. FEI Number  
59-3565878

Applied For  
Not Applicable

Zip  
32080

Country  
USA

Zip  
32080

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Jacobs, Cameron T.**

Street Address (P.O. Box Number is Not Acceptable)  
**5420 Atlantic View**

City  
**St. Augustine FL** Zip Code  
**32080**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**January 1- May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Jacobs, Cameron T. 5420 Atlantic View St. Augustine, FL 32080</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: **4/20/03** Daytime Phone # \_\_\_\_\_

CR2E034B (12/02)