

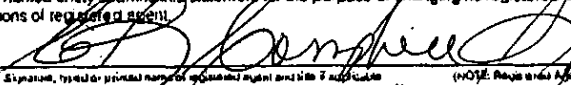
FILED
Apr 22, 2003 8:00 am
Secretary of State

04-04-2003 90111 044 ***150.00

4/47

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000062243			
1. Entity Name SOUTH & WEST LAND COMPANY			
Principal Place of Business 3008 HWY 95A SOUTH PENSACOLA, FL 32534		Mailing Address 10391 OLD DAIRY LN PENSACOLA, FL 32534	
2. Principal Place of Business 3040 Highway 95A S Suits, Apt. #, etc. Cantonment, FL		3. Mailing Address Suits, Apt. #, etc. City & State	
City & State		City & State	
Zip 32533		Country USA	
Zip		Country	
4. FEI Number 58-3587091		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent CAMPBELL, C R 3008 HWY 95A SOUTH PENSACOLA, FL 32534		7. Name and Address of New Registered Agent Name C.R. Campbell, Sr. Street Address (P.O. Box Number is Not acceptable) 3040 Highway 95A South City Cantonment FL Zip Code 32533	
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 4-18-03 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registered)			
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 NAME STREET ADDRESS CITY-ST-ZIP D CAMPBELL, C R P O BOX 7006 PENSACOLA, FL 32534 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP C.R. Campbell, Sr. 10391 old Dairy Lane Pensacola, FL 32534 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Eleanora Faye Campbell 10391 old Dairy Lane Pensacola, FL 32534 ☒ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.			
SIGNATURE:  DATE 2/20/03 8504782795		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034 (10/02)