

701 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 250795

Entity Name
LAND SEALCOATING, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90139 004 ***150.00

Principal Place of Business NORTHEAST 46TH STREET HN BRKLACIC LAUDERDALE FL 33334	Mailing Address 1341 NORTHEAST 46TH STREET % JOHN BRKLACIC FORT LAUDERDALE FL 33334
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Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-0943888	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PATCHETT, CAROL 2312 NE 15 TERRACE WILTON MANORS FL 33305
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

NATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ET ADDRESS ST-ZIP	C BRKLACIC, JOHN 1341 NE 46TH ST FT LAUDERDALE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T ADDRESS ST-ZIP	PD BRKLACIC, ROBERT 920 NE 37TH ST FT LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T ADDRESS ST-ZIP	VPTS PATCHETT, CAROL 2312 NE 15 TERR WILTON MANORS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DDRESS ZIP	D BRKLACIC, RICK 2017 NE 22ST WILTON MANORS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
RESS	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SS	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 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 I, or on an attachment with an address, with all other like empowered.

Signature: *Carol Patchett* Date: *4/6/01* Daytime Phone #: *954-771-1167*

CR2E034 (10/00)