

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90205 013 ***150.00

DOCUMENT # 360305

1. Entity Name

LAUDANIA OCEAN TERMINAL, INC.



Principal Place of Business

C/O CROUCH & MINER PA

1001 N FEDERAL HIGHWAY STE. 206

HALLANDALE FL 33009

US

Mailing Address

C/O CROUCH & MINER PA

1001 N FEDERAL HIGHWAY STE. 206

HALLANDALE FL 33009

US

2. Principal Place of Business

3. Mailing Address

PO Box 292708

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Davie, FL

Zip

Country

Zip

33329-2708

Country

Broward

4. FEI Number

59-1316134

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

7. Name and Address of New Registered Agent

CROUCH, S. LEE

1001 N. FEDERAL HIGHWAY

SUITE 206

HALLANDALE FL 33009

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 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
PD
LUNDGREN, RICHARD N ☐ Delete
6205 SW 108TH STREET
MIAMI FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CROUCH, S. LEE ☐ Delete
5260 S. LANDINGS DRIVE #704
FT. MYERS FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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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)(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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2003

954-791-2433

Date

Daytime Phone #

CR2E034 (10/02)