2001 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2001 8:00 am **DOCUMENT # 377516 Secretary of State** 1. Entity Name LAND RESOURCES, INC. 01-31-2001 90278 038 ***150.00 Principal Place of Business Mailing Address SAN SERVANDO AVE SAN SERVANDO AVE WARM MINERAL SPRINGS FL 34287 WARM MINERAL SPRINGS FL 34287 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-1348732 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERRON, SAM H. JR Street Address (P.O. Box Number is Not Acceptable) 12200 SAN SERVANDO AVENUE WARM MINERAL SPRINGS FL 34287 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE TITLE Change ☐ Addition ☐ Delete HERRON JR, SAM H NAME NAME 711 VALENCIA RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Lanier, Hazel i NAME NAME ASASAHAMIKENSHIDRIVEX 4970 Laurel Hill Dri STREET ADDRESS STREET ADDRESS XXXXXXXX Venice, Florida 34287 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 eath; 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

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE: _

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

HERRON JR

Change

☐ Addition