2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State 565183 DOCUMENT # 1. Entity Name 04-16-2002 90041 038 ***150.00 LANDTRACT REALTY AND DEVELOPMENT CORPORATION Principal Place of Business Mailing Address OTAACA 6437 LAS FLORES DRIVE 321 N. CONGRESS AVE., #105 BOCA RATON FL 33433 **DELRAY BEACH FL 33445** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1975670 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELUCIA, DONALD B Street Address (P.O. Box Number is Not Acceptable) 6437 LAS FLORES DR **BOCA RATON FL 33433** City 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) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) TITLE TITLE ☐ Change ☐ Delete ☐ Addition DELUCIA, DONALD B NAME NAME 6437 LAS FLORES DR. STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DELUCIA, MICHAEL A 6437 LAS FLORES DR. STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [1] Change ☐ Addition DELUCIA, ANGELA M NAME 6437 LAS FLORES DR. STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7iP 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 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

SIGNATURE:

F. WONALD B. DeLUCIA PRESIDENT 3/25/02