2002 UNIFORM BUSINESS REPORT (UBR)

May 15, 2002 8:00 am Secretary of State DOCUMENT # 673283 1. Entity Name 05-15-2002 90108 039 ***150.00 INTERNATIONAL LAND ENTERPRISES, INC. Principal Place of Business Mailing Address 1933 OREGON TRAIL 1933 OREGON TRAIL ENGLEWOOD FL 34224 ENGLEWOOD FL 34224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE É City & State Applied For City & State 4. FEI Number 59-2123451 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 Name SCHAUB, THOMAS H. Street Address (P.O. Box Number is Not Acceptable) 1933 OREGON TRAIL ENGLEWOOD FL 34224 City Zip Code FI 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, 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. TITLE ☐ Delete Change ☐ Addition TITLE NAME SCHAUB, THOMAS H NAME STREET ADDRESS STREET ADDRESS 1933 OREGON TRAIL CITY-ST-ZIP ENGELWOOD, FL 00000 CITY-ST-ZIP TITLE VD. XX Delete TITLE Change ☐ Addition NAME NAME BASEL, JOHN F STREET ADDRESS STREET ADDRESS 900 W. HICKPOOCHE C-30 CITY-ST-ZIP CITY-ST-ZIP LABELLE FL 33935 ☐ Delete Change TITLE TITI F ☐ Addition NAME NAME SCHAUB, NANCYE CAROL STREET ADDRESS STREET ADDRESS 1933 OREGON TRAIL CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL THILE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

SIGNATURE ON TYPE OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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

with all other like empowered