

FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90390 011 ***163.75

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1. Entity Name
FLORIDA ECONOLAND SPECIALIST, INC.

Mailing Address

5524 W. LAWRENCE AVENUE
CHICAGO IL 60630

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

36-4264798

Not Applicable



\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name . . .

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

City

FL

Zip Code

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, 2002 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

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY - ST - ZIP			

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 667, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #