FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am § Secretary of State **DOCUMENT #** F01000003001 1. Entity Name FLORIDA ECONOLAND SPECIALIST, INC. 04-18-2002 90390 011 ***163.75 Principal Place of Business Mailing Address 5524 W. LAWRENCE AVENUE 5524 W. LAWRENCE AVENUE CHICAGO IL 60630 CHICAGO IL 60630 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 Applied For 36-4264798 Not Applicable 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 SCHIEBER, KURT G Street Address (P.O. Box Number is Not Acceptable) 4426 S.E. 16TH PLACE #2 CAPE CORAL FL 33904 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PCD . Delete TITLE ☐ Addition NAME BORY, HERMES D NAME STREET ADDRESS 5524 W LAWRENCE AVENUE STREET ADDRESS CITY-ST-ZIP CHICAGO IL CITY-ST-ZIP TITLE ☐ Delete VSTD TITLE ☐ Change ☐ Addition NAME **BORY, ANAY** NAME STREET ADDRESS 5524 W LAWRENCE AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CHICAGO IL TITLE Delete: TITLE Addition Change NAME SCHIEBER, KURT G NAME STREET ADDRESS 4426 SE 16TH PLA #2 STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 697. 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.