

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90126 031 \*\*\*150.00

DOCUMENT # **H67064**

1. Entity Name

**LAND EQUITY COMPANY, INC** ✓

**DO NOT WRITE IN THIS SPACE**

**975206**

2. Principal Place of Business

**4808 SHETLAND TRAIL**

Suite, Apt. #, etc.

3. Mailing Address

**4808 SHETLAND TRAIL**

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

**ORLANDO, FL**

Zip

**32808**

Country

**USA**

Zip

**32808**

Country

**USA**

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**MAX P. WRIGHT**

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

**4808 SHETLAND TRAIL**

City

**ORLANDO**

**FL**

Zip Code

**32808**

**DO NOT WRITE  
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**OWNER/PRESIDENT  
MAX P. WRIGHT  
4808 SHETLAND TRAIL  
ORLANDO, FL 32808**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Max P. Wright MAX P. WRIGHT**

Date

**8/12/02**

Daytime Phone #

**407-299-0441**

CR2E034B (12/01)

July 11, 2002

Attachment 2082  
975206  
##67064

Max P. Wright  
Land Equity Company, Inc.  
4808 Shetland Trail  
Orlando, FL 32808

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Uniform Business Report not received

Dear Sir or Madam:

As per our phone conversation of July 10, 2002, I am returning this note stating that I did not receive a previous Uniform Business Report to file. I am enclosing the front cover as instructed along with a check for \$150.00.

Sincerely,



Max P. Wright