

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H74032

1. Entity Name
LAND SPEC, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90051 018 ***150.00

Principal Place of Business

8201 RIVER RIDGE BLVD
NEW PORT RICHEY FL 34654
US

Mailing Address

P O BOX 909
NEW PORT RICHEY FL 34656
US

00044034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4044 Newport Drive

Suite, Apt. #, etc.

Suite 219

3. Mailing Address

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

4. FEI Number

59-2773383

Applied For

Not Applicable

Zip

32652

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAUL, WILLIAM D II
8201 RIVER RIDGE BLVD
NEW PORT RICHEY FL 34654

Name

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

4044 Newport Drive, Suite 219

City

New Port Richey

FL

Zip Code

34652

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

W Paul II

4/23/01

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PAUL, WILLIAM D., II
STREET ADDRESS 3655 KEYSTONE ROAD
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME PAUL, WILLIAM D., II
STREET ADDRESS 3655 KEYSTONE ROAD
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD ☐ Delete
NAME PAUL, BONNILOU
STREET ADDRESS 3655 KEYSTONE ROAD
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 607, 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:

W Paul II

4/23/01

(727) 845-5252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William D. Paul II, President

CR2E034 (10/00)