

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90079 046 ***150.00

0454405

DOCUMENT # J81353

1. Entity Name

LAND PLANNERS & ASSOCIATES, INC.

Principal Place of Business

**75 NORTH CAUSEWAY
P.O. BOX 895
NEW SMYRNA BEACH FL 32170**

Mailing Address

**75 NORTH CAUSEWAY
P.O. BOX 895
NEW SMYRNA BEACH FL 32170**

2. Principal Place of Business

**2238 STATE ROAD 44
Suite, Apt. #, etc.
NEW SMYRNA BEACH**

3. Mailing Address

**2248 STATE ROAD 44
Suite, Apt. #, etc.**

City & State

FL

City & State

NEW SMYRNA BEACH FL

Zip

32168

Country

USA

Zip

32168

Country

USA

6. Name and Address of Current Registered Agent

**PETERSON, SID C. JR
418 CANAL ST.
NEW SMYRNA BEACH FL 32069**

4. FEI Number

59-2946920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

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) ☐

**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

TITLE **P** ☐ Delete
NAME **WILLIAMS, DALE L.**
STREET ADDRESS **75 N CAUSEWAY**
CITY-ST-ZIP **NEW SMYRNA BCH. FL**

TITLE **D** ☐ Delete
NAME **WILLIAMS, DALE L.**
STREET ADDRESS **148 BREEZEWAY CT**
CITY-ST-ZIP **NEW SMYRNA BCH. FL**

TITLE **S** ☐ Delete
NAME **WILLIAMS, DALE L.**
STREET ADDRESS **148 BREEZEWAY CT**
CITY-ST-ZIP **NEW SMYRNA BCH FL**

TITLE **VPT** ☐ Delete
NAME **LEDFOED, MARK D.**
STREET ADDRESS **309 WILD ORANGE DRIVE**
CITY-ST-ZIP **NEW SMYRNA FL 32168**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)