FILED

Jan 14, 2002 8:00 am

## 2002 UNIFORM BUSINESS REPORT (UBR)

## J97137 **DOCUMENT # Secretary of State** LAND ACQUISITION AND MANAGEMENT COMPANY, INC. 01-14-2002 90033 004 \*\*\*150.00 Principal Place of Business Mailing Address 201 S.E. 24TH AVENUE 201 S.E. 24TH AVENUE POMPANO BEACH FL 33062-2307 POMPANO BEACH FL 33062-2307 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0005208 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEWMAN, THOMAS L. Street Address (P.O. Box Number is Not Acceptable) 201 S.E. 24TH AVENUE POMPANO BEACH FL Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Change TITLE ☐ Delete MACCALLUM, CHARLES E. NAME NAME 201 S.E. 24TH AVENUE STREET ADDRESS STREET ADDRESS CR2E034 POMPANO BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition STD ☐ Delete TITLE TITLE NAME NEWMAN, THOMAS L. NAME 201 S.E. 24TH AVENUE POMPANO BEACH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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

SIGNATURE: