

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91220 028 \*\*\*150.00

DOCUMENT # **K94808**

1. Entity Name

*Land Design Enterprises, Inc.*



**DO NOT WRITE IN THIS SPACE**

**11005573**

2. Principal Place of Business

3. Mailing Address

*9644 87th Place So.*

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Boynton Beach FL*

4. FEI Number

*65-0131236*

Applied For

Not Applicable

Zip

Country

Zip

Country

*33437*

*Palm Beach*

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

*Lorene D. Fischer*

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

*9644 87th Place So.*

City

*Boynton Beach*

FL

Zip Code

*33437*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Lorene D. Fischer*

(NOTE: Registered Agent signature required when reinstating)

*4/17/03*

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	<i>President</i>
NAME	<i>Craig A Fischer</i>
STREET ADDRESS	<i>9644 87th Place So</i>
CITY-ST-ZIP	<i>Boynton Beach, FL 33437</i>
TITLE	<i>Vice President</i>
NAME	<i>Lorene D. Fischer</i>
STREET ADDRESS	<i>9644 87th Place So</i>
CITY-ST-ZIP	<i>Boynton Beach, FL 33437</i>
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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lorene D. Fischer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/17/03-561 734 4623*

Date

Daytime Phone #

CR2E034B (12/02)