

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013924

1. Entity Name

FLORIDA LAND TRUST SERVICES, LLC



FILED

03 DEC 26 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

PO BOX 306  
PALMETTO FL 34220

Mailing Address

PO BOX 306  
PALMETTO FL 34220

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City & State  
Palmetto, FL 34220

Zip

Country

Zip

34220

Country

4. FEI Number 59-7217705

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CHEW, VICKI  
5107 PALMETTO PT. DR.  
PALMETTO FL 34221

## 7. Name and Address of New Registered Agent

Name: Brian Chew  
Street Address (P.O. Box Number is Not Acceptable)  
5107 Palmetto Pt. Dr.

City Palmetto

FL

Zip Code  
34221

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

Signature, typed or printed name of registered agent and title if applicable.

Brian Chew

DATE

12/19/03

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By September 24, 2003

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME MGRM  
STREET ADDRESS CHEW, VICKI  
CITY-ST-ZIP 5107 PALMETTO PT. DR.  
PALMETTO FL 34221 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME MGRM  
STREET ADDRESS Chew, Brian  
CITY-ST-ZIP 5107 Palmetto Pt. Dr.  
Palmetto, FL 34221 ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Brian Chew*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

12/19/03

Daytime Phone #

(941) 723-6674