

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 22, 2003 8:00 am**  
**Secretary of State**

8/4  
1/3

08-04-2003 90098 033 \*\*\*\*50.00  
01-30-2003 90043 031 \*\*\*\*50.00

**DOCUMENT # L02000017844**

1. Entity Name

**ENGINEERED LAND, LLC**



Principal Place of Business

Mailing Address

**802 WETSTONE PLACE  
SANFORD FL 32771**

**802 WETSTONE PLACE  
SANFORD FL 32771**

**55054772**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**51-0419947**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDREYEV, NICOLAS E  
802 WETSTONE PLACE  
SANFORD FL 32771**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	(MGRM)	<input type="checkbox"/> Delete
NAME	NICOLAS E. ANDREYEV	
STREET ADDRESS	802 WETSTONE PLACE	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	KENNETH WICKS (MGRM)	<input type="checkbox"/> Delete
NAME	108 SHOREWOOD CT	
STREET ADDRESS	TAUARES, FL 32778	
CITY-ST-ZIP		
TITLE	ROBERT FARNER (MGRM)	<input type="checkbox"/> Delete
NAME	41515 SILVER DR	
STREET ADDRESS	UMATILLA, FL 32784	
CITY-ST-ZIP		
TITLE	WILLIAM BARLEY (MGRM)	<input type="checkbox"/> Delete
NAME	2144 MAPLES LANE	
STREET ADDRESS	FRUITLAND PARK, FL 34731	
CITY-ST-ZIP		
TITLE	HARRY K. McINTOSH (MGRM)	<input type="checkbox"/> Delete
NAME	718 TREELINE PLACE	
STREET ADDRESS	SANFORD, FL 32771	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [Signature]**

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

Date

Daytime Phone #

CR2E083 (4/03)