

2001 UNIFORM BUSINESS REPORT (UBR)

05-05-2001 90586 001 ***150.00

M22066

DOCUMENT # M22066

1. Entity Name

LAND & SEA PETROLEUM INC.

FILED

01 MAY -9 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



40705

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6710 NW 15 WAY
FT LAUDERDALE FL 33309
US

6710 NW 15 WAY
FT LAUDERDALE FL 33309
US

2. Principal Place of Business

3. Mailing Address

Suite/Apt. #, etc.

Suite/Apt. #, etc.

City & State

City & State

4. FEI Number

59-2595083

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANGELONE, JAMES
6233 NW 82 DRIVE
PARKLAND FL 33067

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANGELONE, JAMES	
STREET ADDRESS	6233 NW 82 DR	
CITY-ST-ZIP	PARKLAND FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ANGELONE, VICTORIA	
STREET ADDRESS	6233 NW 82 DRIVE	
CITY-ST-ZIP	PARKLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victoria A. Angelone

4/24/01 (954) 978-3835

Date

Daytime Phone #

CR2E034 (10/00)