2000	UNIFORM BUSI	NESS REPOI	RT (UBR)	_	FIL	ED		
DOCUMENT # M73180					Apr 20, 2000 8:00 am Secretary of State			
L. AND S	Sons land development (	Corp.			04-20-2000 90041			
Principal Place of Business Mailing Address								
3460 FAIRLANE FARMS ROAD #14 WELLINGTON FL 33414 US		3460 FAIRLANE FARMS ROAD #14 WELLINGTON FL 33414-8755 US						
2. Principal Place of Business 5610 RANCHES ROAD Suite, Apt. #, etc.		3. Mailing Address 5610 RANCHES ROAD Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
N/A		N/A City & State		_				
City & State LAKE WORTH FL		LAKE WORTH FL		4. r	65-0032598 Not Ap		ot Applicable	
Zip 33463	Country USA	<sup>Zip</sup> 33463	Country USA	<b>5.</b> C	ertificate of Status Desired X	\$8.75 Add Fee Require		
	6. Name and Address of Current R		Name	7. N	ame and Address of New Registere	d Agent		
CORNELIUS, LEE D. 5610 RANCHES ROAD			Street Address (P.O. Box Number is Not Acceptable)					
LAKI	e worth FL 33463					<b>_</b>		
			City		F	L Zip Cod	e	
Tax filing r	Signature, typed or printed name of registered agent an- bration is eligible to satisfy its Intangible equirement and elects to do so. (ia on back)	FILE NOW!!!	Registered Agent signature required FEE IS \$150.00 0 Fee will be \$550.0 e to Department of \$	0	10. Election Campaign Financing Trust Fund Contribution.	\$5.0	IO May Be d to Fees	
11.	OFFICERS AND D		12.	ADI	DITIONS/CHANGES TO OFFICERS A		S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CORNELIUS, LEE D. 5610 RANCHES ROAD LAKE WORTH FL 33463	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change 🗌	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORNELIUS, LEE D., JR. 5610 RANCHES ROAD LAKE WORTH FL 33463	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CORNELIUS, MICHAEL 5610 RANCHES ROAD LAKE WORTH FL 33463	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b></b> .		Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>-</u>	Change	Addition	
13. I hereby of indicated of the cor	certify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empoy or on an attachment with an address, wi <b>TURE:</b>	rue and accurate and that my vered to execute this report a	he exemption stated in y signature shall have t s required by Chapter	he same k 607, Florid	egal effect as it made under oath: that	t I am an officer	or director	