

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90324 031 ***150.00

DOCUMENT # P00000000440

1. Entity Name
WETLAND MITIGATION, INC.



Principal Place of Business
1940 TRANQUILITY LANE
TITUSVILLE FL 32796

Mailing Address
1940 TRANQUILITY LANE
TITUSVILLE FL 32796

2. Principal Place of Business
6 Afton Ave
Suite, Apt. #, etc.

3. Mailing Address
6 Afton Ave
Suite, Apt. #, etc.

City & State
DeBary, FL
Zip
32713
Country
Volusia

City & State
DeBary, FL
Zip
32713
Country
Volusia

4. FEI Number **59-3613366**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

BOLAND, MICHAEL A
1940 TRANQUILITY LANE
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

Name **Michael A. Boland**
Street Address (P.O. Box Number is Not Acceptable)
6 Afton Ave
City **DeBary, FL** **Zip Code** **32713**

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

Michael Boland
(NOTE: Registered Agent signature required when reinstating)

4/25/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **BOLAND, MICHAEL A**
STREET ADDRESS **1940 TRANQUILITY LANE**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **Michael A. Boland**
STREET ADDRESS **6 Afton Ave**
CITY-ST-ZIP **DeBary, FL 32713**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Boland **SIGNATURE REQUIRED** Michael Boland 4/25/03 (386) 753-0098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)