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2002 UNIFORM BUSINESS REPORT (UBR)

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Jun 18, 2002 8:00 am **Secretary of State** -P00000014481 DOCUMENT # 05-07-2002 90212 006 ***150 00 1. Entity Name LAND INVESTMENT SERVICES PLANNING & ZONING, INC. Principal Place of Business Mailing Address 13141 MCGREGOR BLVD..STE.9 13141 MCGREGOR BLVD..STE.9 93665 FT. MYERS FL 33919 FT. MYERS FL 33919 3. Mailing Address 2. Principal Place of Business Suite, Apl. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State APPLIED FOR Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent SCHUMANN, RAYMOND L Street Address (P.O. Box Number is Not Acceptable) 13141 MCGREGOR BLVD., STE.9 FT. MYERS FL 33919 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01) ☐ Chance ☐ Addition TITLE ☐ Delete TITLE SCHUMANN, RAYMOND L NAME MALIF **CR2E034** 13141 MCGREGOR BLVD..STE.9 STREET ADDRESS STREET ADDRESS FT. MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME

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 suppliemental 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 reference 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 attach

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Application for Employer Identification Number Prov. February 1988 Createment of the Theory Total Provided Provid	• 1						~~				
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Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶ 16 To whom are most of the products or services sold? Please check one box. □ Public (retail) □ Other (specify) ▶ 17a Has the applicant ever applied for an employer identification number for this or any other business? □ Yes □ No 17b If you checked "Yes," please complete lines 17b and 17c. 17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ▶ 17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN Under penalties of perjury, I dectare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Business telephone number (include area code) □ Yes □ No Previous EIN Under penalties of perjury, I dectare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Signature ▶ Note: Do not write below this line. For official use only. Please leave Geochion. Ind. Class Size Beasen for position.		expect to have any empl	dyses during the period, ente	r -0 (see instru	ctions)	>	0	Agricultura	Household		
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Has the applicant ever applied for an employer identification number for this or any other business?		If "Yes," principal produc	t and raw material used >	· · · · ·	· · · · · ·	• • • • •	· · · ·	∐ Yes	□ No		
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Name and title (Please/type or print clearly.) Signature Note: Do not write below this line. For official use only. Please leave 900 Ind. Class Size Reason for analysis.	17.c	Approximate date when a Approximate date when filed	und city and state where the a	nnlication was	filed. Enter previous	employer ide			known.		
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