

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90077 044 ***150.00

DOCUMENT # **P00000032454**

1. Entity Name

LAND SECURITIES AND INVESTMENTS CORP.

C0038457

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2. Principal Place of Business

13862 Seminole Blvd.

3. Mailing Address

13862 Seminole Blvd.

City & State

Seminole, FL 33776

Zip

Country

33776 U.S.A.

City & State

Seminole, FL

Zip

Country

33776 U.S.A.

4. FEI Number

X 593639730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**Attorney John P. Martin
 401 South Lincoln Ave.
 Clearwater, FL 33756**

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
President
 NAME **Ronald W. Kuper**
 STREET ADDRESS **X 111 22nd ST.**
 CITY-ST-ZIP **X BELLEAIR BEACH FL 33784**

TITLE ☐ Delete
Director
 NAME **Ronald W. Kuper**
 STREET ADDRESS **X 111 22nd ST.**
 CITY-ST-ZIP **X BELLEAIR BEACH FL 33784**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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: **X Ronald W. Kuper - RONALD W. KUPER**

X 3/2001 X 1-314-918-1211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Daytime Phone #

CR2E034 (11/00)