2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000037220

Entity Name: COMPLEAT LAND SERVICES, INC.

Current Principal Place of Business:

1442 E ROAD
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 476
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-1013588 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LESHER, GERALD
4420 BEACON CIRCLE, SUITE 100
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

LESHER, GERALD
1555 PALM BEACH LAKES BLVD.
SUITE1510
WEST PALM BEACH, FL 33407 US

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: GERALD LESHER 04/24/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: GOLTZENE, THOMAS JR
Address: 1442 E ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP ( ) Delete
Name: BLESS, CHRISTOPHER
Address: P.O. BOX 476
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP ( ) Delete
Name: KEEGAN, TIMOTHY
Address: P.O. BOX 476
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS GOLTZENE JR. PSTD 04/24/2002
Electronic Signature of Signing Officer or Director Date