

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90040 038 ***150.00

DOCUMENT # P01000001750

1. Entity Name
DJD LAND DEVELOPMENT, INC.

Principal Place of Business

**675 E. HIGHWAY 50
 CLERMONT FL 34711**

Mailing Address

**675 E. HIGHWAY 50
 CLERMONT FL 34711**

2. Principal Place of Business

9943 LAKE LOUISA RD

3. Mailing Address

9943 LAKE LOUISA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT FL

City & State

CLERMONT, FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

34711

LAKE

Zip

Country

34711

LAKE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NAILOS, KRISTIN C ESQ
 450 E HWY 50 SUITE 7
 CLERMONT FL 34711**

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, 2002 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 **D** ☐ Delete
 NAME **DECKER, DANIEL J**
 STREET ADDRESS **675 E. HIGHWAY 50**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **D** ☐ Delete
 NAME **DECKER, JAMES J**
 STREET ADDRESS **675 E. HIGHWAY 50**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-02 407-509-4297

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

B0099612

DE 1000000173

Form **SS-4****Application for Employer Identification Number**(Rev. February 1998)
Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) DJD Land Development, Inc.		3 Executor, trustee, "care of" name
	2 Trade name of business (if different from name on line 1)		5a Business address (if different from address on lines 4a and 4b)
	4a Mailing address (street address) (room, apt., or suite no.) 675 E. Hwy 50		5b City, state, and ZIP code
	4b City, state, and ZIP code Clermont FL		
	6 County and state where principal business is located Lake, Florida		
	7 Name of principal officer, general partner, grantor, owner, or trustee — SSN or ITIN may be required (see instructions) ▶ Daniel J. Decker 355-50-1722		
	8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a.		

☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ▶☐ Other (specify) ▶☐ Personal service corp.☐ National Guard☐ Farmers' cooperative☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☒ Other corporation (specify) ▶ **development (land)**☐ Trust☐ Federal government/military

(enter GEN if applicable)

company

8b If a corporation, name the state or foreign country
(if applicable) where incorporated

State

Florida

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ▶☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ▶☐ Banking purpose (specify purpose) ▶☐ Changed type of organization (specify new type) ▶☐ Purchased going business☐ Created a trust (specify type) ▶☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)

December 29, 2000

11 Closing month of accounting year (see instructions)

December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)

0

Nonagricultural

Agricultural

Household

14 Principal activity (see instructions) ▶ **land development**

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used ▶

☐ Yes☒ No

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)☐ Other (specify) ▶☐ Business (wholesale)☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?

Note: If "Yes," please complete lines 17b and 17c.

☒ Yes☐ No

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 ▶ **Magnolia Pointe Development, Inc. and Landes Construction & Devel**

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

4-2-96 / 9-15-94 (LANDES) Clermont, FL**Clermont, FL**

Under penalties of perjury, I declare 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)

(352) 243-9475

Fax telephone number (include area code)

(352) 243-9478Name and title (Please type or print clearly.) ▶ **Daniel J. Decker, President**

Signature ▶

Date ▶ **4-26-02**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo	Ind.	Class	Size	Reason for applying
----------------------	-----	------	-------	------	---------------------