## 2002 Uniform Business Report (UBR)

## Apr 11, 2002 8:00 am Secretary of State DOCUMENT # P01000037115 1. Entity Name 04-11-2002 90721 043 \*\*\*150.00 DEWALT LAND SERVICES INC. Principal Place of Business Mailing Address 1978 NEPTUNE DRIVE 1978 NEPTUNE DRIVE ENGLEWOOD FL 34223 ENGLEWOOD FL 34223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 06-1615696 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BUCHANAN, GEORGIANNA** Street Address (P.O. Box Number is Not Acceptable) 1978 NEPTUNE DRIVE **ENGLEWOOD FL 34223** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax fifing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE X Addition ☐ Delete TITLE NAME NAME BUCHANAN, GEORGIANNA STREET ADDRESS STREET ADDRESS 1978 NEPTUNE DRIVE CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD, FL 34223 TITLE ☐ Delete Addition TITLE ☐ Change ĎEWALT, ROBERT NAME NAME 1978 NEPTUNE DRIVE STREET ADDRESS STREET ADDRESS ENGLEWOOD, FL CITY-ST-ZIP CITY-ST-ZIP 34223 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: