

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90726 004 \*\*\*150.00

FORM 2003 AV

**DOCUMENT # P02000031188**

1. Entity Name

**FLORIDA LAND SALES & DEVELOPMENT COMPANY**



Principal Place of Business

**739 S. MAIN ST.  
WILDWOOD FL 34785**

Mailing Address

**739 S. MAIN ST.  
WILDWOOD FL 34785**

2. Principal Place of Business

**4585 CR 141**

Suite, Apt. #, etc.

3. Mailing Address

**4585 CR 141**

Suite, Apt. #, etc.

City & State

**W. Wildwood FL**

City & State

**Wildwood FL**

Zip

**34785**

Country

**US**

Zip

**34785**

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**

**1840 SW 22ND ST.**

**4TH FLOOR**

**MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

**MARK CARUTHERS**

Street Address (P.O. Box Number is Not Acceptable)

**4585 CR 141**

City

**Wildwood**

**FL**

Zip Code

**34785**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PSTD  
CARUTHERS, MARK  
739 S. MAIN ST.  
WILDWOOD FL 34785**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARK CARUTHERS 4-28-03**

Date

Daytime Phone #

CR2E034 (10/02)