

2000 UNIFORM BUSINESS REPORT (UBR) ^{LS}

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90112 009 ***150.00

80029792

DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000011925

1. Entity Name

LAND SHARK CORP. ✓

Principal Place of Business

Mailing Address

3550 US HWY 98 N
 LAKELAND, FL 33805

2156 N MAIN ST.
 WALNUT CREEK, CA
 94596

2. Principal Place of Business

3. Mailing Address

2156 N MAIN ST.

Suite Apt #, etc.

Suite Apt #, etc.

City & State

City & State

WALNUT CREEK, CA 94596

4. FEI Number

59-3154051

Applied For

Not Applicable

Zip

Country

Zip

Country

94596

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TULLIS, GARY B
 500 N OCEAN ST
 JACKSONVILLE, FL 32202

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 required when changing registered office or registered agent)

(NOTE: Registered Agent's 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 DVTS
 REITZ, STEVEN C
 4656 Swilcan Bridge Lane S.
 Jacksonville, FL 32224

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 DP
 REITZ, JOANNE B
 4656 Swilcan Bridge Lane S.
 Jacksonville, FL 32224

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-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 line empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

2-21-00 904-620-0556