

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90829 016 ***158.75

DOCUMENT # P93000054035

1. Entity Name
LAND EXPERTS, INC.



Principal Place of Business

**7419 39TH CT E
SARASOTA FL 34243
US**

Mailing Address

**7419 39TH CT E
SARASOTA FL 34243
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**2212 58th Ave E
Suite, Apt. #, etc.**

3. Mailing Address

**2212 58th Ave E
Suite, Apt. #, etc.**

City & State
Bradenton FL

City & State
Bradenton FL

4. FEI Number
65-0430458

Applied For
Not Applicable

Zip
34203 Country
MANATEE

Zip
34203 Country
MANATEE

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BERUFF, CARLOS
7419 39TH CT E
SARASOTA FL 34243**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2212 58th Ave E
City
Bradenton FL Zip Code
34203

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	PS BERUFF, CARLOS 7419 39TH CT E SARASOTA FL 34243	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	2212 58th Ave E Bradenton FL 34203	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 697, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Carlos Beruff 2/17/03

Date

Daytime Phone #

941-355-9000 x13

CR2E034 (10/02)