

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90964 044 ***150.00

MADE IN

DOCUMENT # P94000017901

1. Entity Name
SEMINOLE LAKE LAND PROPERTIES, INC.

Principal Place of Business
5801 ULMERTON RD
STE 203
CLEARWATER FL 33760
US

Mailing Address
5801 ULMERTON RD
STE 203
CLEARWATER FL 33760
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
Country

4. FEI Number 59-3233008

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

6. Name and Address of Current Registered Agent
KRIZMANICH, MICHAEL G
5801 ULMERTON RD
STE 203
CLEARWATER FL 33760

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. 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 D
NAME KRIZMANICH, MICHAEL
STREET ADDRESS 5801 ULMERTON RD SUITE 200
CITY-ST-ZIP CLEARWATER FL 33760
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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 607, 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

2-20-03

Daytime Phone #