

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

DOCUMENT # P96000034060

1. Entity Name
LAND-JET, INC.

03-28-2002 90821 001 ***150.00
03-28-2002 90821 002 *****8.75

Principal Place of Business
6710 BENJAMIN RD., #800
TAMPA FL 33634
US

Mailing Address
6710 BENJAMIN RD., #800
TAMPA FL 33634
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3320 122nd Ave North
Suite, Apt. #, etc.
Unit A
City & State
St Petersburg Fl.
Zip
33716 Country **us**

3. Mailing Address
3320 122nd Ave North
Suite, Apt. #, etc.
Unit A
City & State
St Petersburg Fl.
Zip
33716 Country **us**

4. FEI Number **59-3381785** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANTONIO, JANINE
6710 BENJAMIN RD., #800
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name **Antonio, Janine**
Street Address (P.O. Box Number is Not Acceptable)
3320 122nd Ave North Unit A
City **St Petersburg** **FL** Zip Code **33716**

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 Janine Antonio Janine Antonio V.P. 2/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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, 2002 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

TITLE **P** ☒ Delete
NAME **GILCHRIST, GAIL**
STREET ADDRESS **5022 31ST AVE. S.**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **VP** ☐ Delete
NAME **ANTONIO, STEVEN**
STREET ADDRESS **393 FOX BRIAR**
CITY-ST-ZIP **COLUMBUS NC 28722**

TITLE **ST** ☐ Delete
NAME **ANTONIO, JANINE**
STREET ADDRESS **393 FOX BRIAR**
CITY-ST-ZIP **COLUMBUS NC 28722**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: Janine Antonio Janine Antonio 2/25/02 727-5400398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

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