

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025737

1. Entity Name

FLORIDA WETLANDS MITIGATION, INC.

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90027 013 \*\*\*150.00

Principal Place of Business

805 E BROWARD BLVD  
SUITE 201  
FT LAUDERDALE FL 33301  
US

Mailing Address

805 E BROWARD BLVD  
SUITE 201  
FT LAUDERDALE FL 33301  
US

2. Principal Place of Business

3215 N.W. 10 TERRACE  
Suite, Apt. #, etc.  
SUITE 209  
City & State  
FT. LAUDERDALE FL

3. Mailing Address

3215 NW 10 TERRACE  
Suite, Apt. #, etc.  
SUITE 209  
City & State  
FT. LAUDERDALE, FL

City & State  
FT. LAUDERDALE FL

Zip Country  
33309 BROWARD

City & State  
FT. LAUDERDALE, FL

Zip Country  
33309 BROWARD

6. Name and Address of Current Registered Agent

LAUTIN, LEW J  
805 E BROWARD BLVD  
SUITE 201  
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
3215 N.W. 10 TERRACE  
SUITE 209  
City FT. LAUDERDALE FL Zip Code 33309

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, 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, 2001 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	D	<input type="checkbox"/> Delete
NAME	JOHN, DAVID L	
STREET ADDRESS	1800 NORTH DOUGLAS ROAD, SUITE 203	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLATT, GEORGE I III	
STREET ADDRESS	450 EAST LAS OLAS BOULEVARD, SUITE 800	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATT, GEORGE
STREET ADDRESS	1771 S.E. 94th STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00034938



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0736529

Applied For  
Not Applicable

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

CR2E034 (10/00)