

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90167 019 \*\*\*150.00

**DOCUMENT # P97000025737**

1. Entity Name

**FLORIDA WETLANDS MITIGATION, INC.**

Principal Place of Business

Mailing Address

**3215 NW 10 TERRACE  
 SUITE 209  
 FORT LAUDERDALE FL 33309  
 US**

**3215 NW 10 TERRACE  
 SUITE 209  
 FORT LAUDERDALE FL 33309  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0736529**

Applied For

Not Applicable

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

**LAUTIN, LEW J  
 3215 NW 10 TERRACE  
 SUITE 209  
 FORT LAUDERDALE FL 33309**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **JOHN, DAVID L**  
 STREET ADDRESS **1800 NORTH DOUGLAS ROAD, SUITE 203**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D/V** ☒ Change ☐ Addition  
 NAME **John, David L.**  
 STREET ADDRESS **1800 N Douglas Road Suite 200**  
 CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE **D** ☐ Delete  
 NAME **PLATT, GEORGE I III**  
 STREET ADDRESS **1771 SE 9TH STREET**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **D/S** ☒ Change ☐ Addition  
 NAME **Platt, George I. III**  
 STREET ADDRESS **1771 SE 9th Street**  
 CITY-ST-ZIP **Fort Lauderdale, FL 33316**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition  
 NAME **Lautin, Lew J.**  
 STREET ADDRESS **3215 NW 10th Terrace Suite 209**  
 CITY-ST-ZIP **Fort Lauderdale, FL 33309**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition  
 NAME **Miller, Robert H.**  
 STREET ADDRESS **1800 N Douglas Road Suite 200**  
 CITY-ST-ZIP **Pembroke Pines, FL 33024**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

**Lew J. Lautin, President**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Apr 14 2002 954-462-1707**  
 Date Daytime Phone #