

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90181 016 ***150.00

0338274 AV

DOCUMENT # P97000025737

1. Entity Name
FLORIDA WETLANDS MITIGATION, INC.



Principal Place of Business
**3215 NW 10 TERRACE
SUITE 209
FORT LAUDERDALE FL 33309
US**

Mailing Address
**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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLATT, GEORGE I
% SHUTTS & BROWN, LLP
200 EAST BROWARD BLVD., SUITE 2000
FORT LAUDERDALE FL 33301**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE **P** ☒ Delete
NAME **LAUTIN, LEW J**
STREET ADDRESS **3215 NW 10TH TERRACE STE 209**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

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

TITLE **T** ☐ Delete
NAME **MILLER, ROBERT H**
STREET ADDRESS **1800 N DOUGLAS RD STE 200**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D/V** ☒ Change ☐ Addition
NAME **Miller, Robert H.**
STREET ADDRESS **1800 North Douglas Road, Suite 200**
CITY-ST-ZIP **Pembroke Pines, Florida 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

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
David L. John

04/21/03

954-462-1707

Date

Daytime Phone #

CR2E034 (10/02)