

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90117 027 ***150.00

DOCUMENT # P97000065264

1. Entity Name
LAND CONCEPTS, INC.



Principal Place of Business

**6245 LINNEAL BEACH DR
APOPKA FL 32703**

Mailing Address

**P.O. BOX 608814
ORLANDO FL 32860-8814
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

942 Fremont Avenue

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Zip

32789

Country

Zip

Country

4. FEI Number

59-3466323

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

**MURRAY, RAMON
6245 LINNEAL BEACH DR
APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

942 Fremont Avenue

City

Winter Park

FL

Zip Code

32789

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

Ramon V Murray

Ramon V Murray

2/4/03

Signature, typed or printed name of registered agent and date 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 **P** ☐ Delete
NAME **MURRAY, RAMON**
STREET ADDRESS **6245 LINNEAL BEACH DR-**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☒ Change ☐ Addition
NAME **942 Fremont Avenue**
STREET ADDRESS **Winter Park, FL 32789**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Ramon V Murray
SIGNATURE REQUIRED Ramon V Murray

2/4/03

407-647-8070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)