## 2002 Uniform Business Report (UBR)

## Mar 28, 2002 8:00 am Secretary of State DOCUMENT # P98000003494 1. Entity Name 03-28-2002 90788 020 \*\*\*150.00 ZIPPITY DO DAH LAND MANAGEMENT, INC. Principal Place of Business Mailing Address 580 MENTONE RD 580 MENTONE RD LANTANA FL 33462 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address 213 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0808509 Lantano Not Applicable Country Zio \$8.75 Additional 5. Certificate of Status Desired **Fee Required** 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Cronshaw</u> CRANSHAW, JOHN E Street Address (P.Q. Box Number is Not Acceptable) **580 MENTONE RD** LANTANA FL 33462 Zip Code 33463 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) John Cronslaw (President Whange TITLE TITLE Delete CRENSHAW, JOHN NAME NAME 1213 Peak CR2E034 STREET ADDRESS STREET ADDRESS 580 MENTONE RD. CITY-ST-ZIP CITY-ST-ZIP lantana FL 33462 TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.