

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053108

1. Entity Name

LAND, AIR & SEA RESTORATIONS, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90070 018 ***150.00

Principal Place of Business

Mailing Address

EAGLES NEST DR
CRESCENT CITY FL 32112

HC1. BOX 153
CRESCENT CITY FL 32112-9714
US

2. Principal Place of Business

105 Eagles Nest Drive
Suite, Apt. #, etc.

3. Mailing Address

HC 1, BOX 153
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CRESCENT CITY FL 32112
Zip 32112 Country Putnam

City & State

CRESCENT CITY FL
Zip 32112 Country Putnam

4. FEI Number

59-3549466

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

TOWNSEND, WILLIAM L JR.
200 REID STREET
PALATKA FL 32178-0250

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, 2000 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 DTP ☐ Delete
NAME FETCKO, JOHN T III
STREET ADDRESS 105 EAGLES NEST DRIVE HC 1 BOX 153
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE SDV ☐ Delete
NAME FETCKO, JULIE A
STREET ADDRESS 105 EAGLES NEST DRIVE HC 1 BOX 153
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: Julie Fetcko JULIE FETCKO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2000
Date

904-467-8236
Daytime Phone #

CR2E034 (9/99)