

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90030 002 \*\*\*150.00

**DOCUMENT # P98000053108**

1. Entity Name

LAND, AIR & SEA RESTORATIONS, INC.

Principal Place of Business

105 EAGLES NEST DR  
 CRESCENT CITY FL 32112  
 US

Mailing Address

HC1. BOX 153  
 CRESCENT CITY FL 32112  
 US

2. Principal Place of Business

101 EAGLES Nest Drive

3. Mailing Address

101 EAGLES Nest Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crescent City, FL

City & State

Crescent City, FL

Zip

32112

Country

Putnam

Zip

32112

Country

Putnam



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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

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 Fetcko, John T. III ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 105 EAGLES Nest Drive  
 CITY-ST-ZIP Crescent City, FL 32112

TITLE Fetcko, Julie A. ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 105 EAGLES Nest Drive  
 CITY-ST-ZIP Crescent City, FL 32112

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

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

TITLE ☐ Change ☐ Addition  
 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:

*Julie A. Fetcko*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02 386-467-8000  
 Date Daytime Phone #

CR2E034 (9/01)