

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P980000 70630

1. Entity Name

Land, Air and Sea Asset Specialist Inc

Principal Place of Business

Mailing Address

2300 maitland Center Parkway #317
Maitland, FL 32751

2300 Maitland Center Parkway #317
Maitland, FL 32751

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

65-0868022

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

Sean Hayes
13124 Flamingo Terr
Palm Beach Gardens, FL 33410

Name: Sean Hayes
Street Address (P.O. Box Number is Not Acceptable)

2300 Maitland Center Parkway Suite 317
City: Maitland FL Zip Code: 32751

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Co-CEO
NAME: Barry S. Miller
STREET ADDRESS: 2300 maitland center Parkway #317
CITY-ST-ZIP: Maitland, FL 32730

☐ Delete

TITLE: Co-CEO
NAME: Sean M. Hayes
STREET ADDRESS: 2300 maitland center Parkway #317
CITY-ST-ZIP: Maitland, FL 32730

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE: CTO
NAME: Christopher Lavin
STREET ADDRESS: 2300 maitland center Parkway Suite #317
CITY-ST-ZIP: Maitland, FL 32730

☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

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:

Sean Hayes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sean Hayes

3/20/2000

407-838-1009
Date Daytime Phone #

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

03-28-2000 90041 024 ***150.00

C0045927

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)