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FILED

Jan 08, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083309 **Secretary of State** 1. Entity Name 01-08-2002 90020 021 ***150.00 MITIGATION LAND BROKERAGE AND MANAGEMENT, INC. Principal Place of Business Mailing Address 505 WEKIVA SPRINGS ROAD, STE. 500 505 WEKIVA SPRINGS ROAD, STE, 500 LONGWOOD FL 32779 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3534490 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jurgens, J.A. JURGENS, J.A. dress (P.O. Box Number is Not Acceptable) Wekiva Springs Road, Suite 500 505 WEKIVA SPRINGS ROAD, STE. 800 LONGWOOD FL 32779 32779 Longwood 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 FILE NOW!!! FEE IS \$150.00 9. This corporat 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 OFFICERS AND DIRECTORS 11. 12. (9/01) Change ☐ Delete TITLE TITLE NAME JURGENS, J.A. NAME Jurgens, J.A. 505 WEKIVA SPRINGS ROAD, STE. 800 STREET ADDRESS **CR2E034** STREET ADDRESS 505 Wekiva Springs Road, Suite 500 Longwood, Florida 32779 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 TITLE ☐ Delete TITLE NAME NAME CARSWELL, AMY E.W. Carswell, Amy E.W. STREET ADDRESS STREET ADDRESS 505 WEKIVA SPRINGS ROAD, STE. 800 505 Wekiva Springs Road, Suite 500 Longwood, Florida 32779 CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME Rich, Steven RICH. STEVEN STREET ADDRESS STREET ADDRESS 505 WEKIVA SPRINGS ROAD, STE. 800 505 Wekiva_Springs_Road Suite 500 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Defete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 any address, with all other like empowered.

SIGNATURE

THE PARAMETERS OF SIGNING OFFICER OF DIPLETOR

1/3/02 Date

(407) 273 - 2277
Daytime Phone #