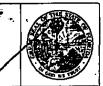
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DO NOT WRITE IN THIS SPACE

DOCUMENT # V/874/

1. Entity Name

LAND DEVELOPMENT RESEARCH GROUP



O3-MAY - PH (L- L) & COM & COM SECRETARY OF STATE TALLAHASSEE, FLORIDA

3000043**2**

	art activities to	ALC: CONTRACTOR	and the second	设建设设施			
2. Principal Place of Busines	3. Mailing Address						
P.O. Box 8109	P.O. Box 810904						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	<u> </u>	City & State			4. FEI Number		Applied For
Boca Raton, F	I. Competition	එ Boca Ra	ton. F	L	65-03187 <u>14</u>		Not Applical
Zip	Country	Zip	Count	ry	5. Certificate of Status De		8.75 Additional ee Required
33481-0904 U	niced State	5 3340 -0.		ed otate	7. Name and Address of Current Registered Agent		
				Name - (/	1272-P-5/H	NEIDB2	
	DENOTE WI			Street Address (I	P.O. Box Number is Not Acco	eptable)	
T: IN	THIS SP	ACE !		5141	WH 29th	X13_	
				City PCCC	PSTON	FL	383896
The above named entity s the obligations of registere		the purpose of changi	ng its registere	d office or register	ed agent, or both, in the Stat	e of Florida. I am far	niliar with, and accer
SIGNATURE	Vincet	XLP50	乏口と	Apent signature required	Construction Construction	1-127.02	
Signature typed or p	Proted name of registered agent er	C (pe i applicable.	(NOTE: Hegistered	Agent adulative vertice of	i milati rea idata-Ali		
After May 1	1) Fee is \$150,00 ee is \$550.00 BR (a \$61.25)				9. Election Campa Trust Fund Cont	• -	\$5.00 May Be Added to Fees
Make Check Payable to F	orida Department of	State					

OFFICERS AND DIRECTORS 10. mier. TITLE President NAME Schneider, Michael P. STREET ADDRESS STREET ADDRESS P.O. Box 810904 CITY - ST - ZIP Boca Raton, FL 33481 TITLE NAME Schneider, Michael P. THEET ADDRES STREET ADORESS P.O. Box 810904 CITY-ST-ZIP Boca Raton, FL 33481 TITLE NAME Schneider, MichaellP. STREET ADDRESS DO NOTWRITE: P.O. Box 810904_ CITY: ST-ZIP Boca Raton, FL 33481 TITLE NAME STREET ADDRESS Schneider, MIchael P. CITY-ST-ZIP P.O. Box 810904 TITLE Boca Raton, FL 33481 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. 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 trusteelempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other life approvered.

SIGNATURE:

CITY-ST-ZIP

GNATURE WORLDED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

7.27.03 701.241.6122

Daytime Phone #

CALCAUSE (12/02)