

02102 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB -5 AM 9:44

DOCUMENT # **G-75201**
1. Entity Name
A- LAND SCRAPING OF ORLANDO INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13040 Sunset Harbor Rd.		3. Mailing Address SAME	
Suite, Apt. #, etc. Weirsdale Fl. 32195		Suite, Apt. #, etc.	
City & State Weirsdale Fl.		City & State	
Zip 32195	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Steve Mansfield
Street Address (P.O. Box Number is Not Acceptable) 13040 Sunset Harbor Rd.
City Weirsdale FL Zip Code 32195

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 *Steve Mansfield* (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. <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steve Mansfield 13040 Sunset Harbor Rd. Weirsdale Fl. 32195	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(President)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700011878417 02/05/03--01035--001 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Steve Mansfield* **Feb, 5, 2002** Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)