2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # P01000087038 1. Entity Name LANDMARK BUILDERS GROUP, INC. 04-02-2002 90070 020 ***150 00 Principal Place of Business Mailing Address 9407 SPRING VALE RD. 9407 SPRING VALE RD. ORLANDO FL 32825 ORLANDO FL 32825 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 3741652 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MULERO, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 9407 SPRING VALE RD. ORLANDO FL 32825 City 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. 2 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 FILE NOW!!! FEE IS \$150.00 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition NAME MULERO, FERNANDO NAME STREET ADDRESS 9407 SPRING VALE RD. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32825 CITY-ST-ZIP TITLE Delete VTD TITLE ☐ Change Addition NAME COLON, JOSE L NAME STREET ADDRESS STREET ADDRESS 4900 S.ORANGE BLOSSOM TRAIL CITY-ST-ZIP KISSIMMEE FL 34758 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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.

10 - President - 3-26-2002

Daytime Phone #