

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

01155033 AV

04-09-2003 90092 029 ***150.00

DOCUMENT # P01000087038

1. Entity Name
LANDMARK BUILDERS GROUP, INC.



Principal Place of Business
**9407 SPRING VALE RD.
ORLANDO FL 32825**

Mailing Address
**9407 SPRING VALE RD.
ORLANDO FL 32825**



2. Principal Place of Business
3694 N.C.R. 426

3. Mailing Address
3694 N.C.R. 426

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
GENEVA FL

City & State
GENEVA FL

4. FEI Number
59-3741652

Applied For
☐ Not Applicable

Zip
32732 Country
USA

Zip
32732 Country

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

**MULERO, FERNANDO
9407 SPRING VALE RD.
ORLANDO FL 32825**

Name
MULERO, FERNANDO
Street Address (P.O. Box Number is Not Acceptable)
3694 N.C.R. 426

City
GENEVA FL Zip Code
32732

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
MULERO, FERNANDO
9407 SPRING VALE RD.
ORLANDO FL 32825** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
MULERO, FERNANDO
3694 N.C.R. 426
GENEVA FL 32732** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
COLON, JOSE L
4900 S. ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34758** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Signature REQUIRED President**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/2003 **407-349-3121**
Date Daytime Phone #

CR2E034 (10/02)