

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0365982 AV

DOCUMENT # P93000084201 1. Entity Name LANDMARK MANAGEMENT SERVICES INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -5 AM 8:42



Principal Place of Business 12323 SW 55TH ST BLD 1000 SUITE 1002 COOPER CITY FL 33330 US	Mailing Address 12323 SW 55TH ST BLD 1000 SUITE 1002 COOPER CITY FL 33330 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 65-0452392	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SONNEBORN, KENT
12323 SW 55 ST
BLD 1000 STE 1002
COOPER CITY FL 33330

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

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

SIGNATURE *[Signature]* DATE 4/29/03

Signature, typed or printed name of registered agent and title if applicable. (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

TITLE	D	<input type="checkbox"/> Delete	SONNEBORN, KENT 11901 NW 13TH CT PEMBROKE PINES FL 33026
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change	<input type="checkbox"/> Addition	500018019635 05/05/03--01096--020 **300.00
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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 4/29/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)