

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90069 005 ***150.00

0594993 AT

DOCUMENT # P94000006638

1. Entity Name

LANDMARK INVESTMENT GROUP, INC.

Principal Place of Business

**6 CIMMORON DR
 PALM COAST FL 32092
 US**

Mailing Address

**P O BOX 99
 ELKTON FL 32033
 US**

2. Principal Place of Business

14334 Dahlowega Ln
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 99
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, Fla.

Zip
32224

Country
Duval

City & State
Elkton Fla.

Zip
32033

Country
St. Johns

4. FEI Number

59-3238341

Applied For

Not Applicable

5. Certificate of Status Desired

**X \$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHWAB, JOHN
 6 CIMMINERON
 PALM COURT FL 32137**

7. Name and Address of New Registered Agent

Name
John Schwab

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

14334 DAHLWEGA Lane

City
Jacksonville

FL

Zip Code
32224

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 **John Schwab**

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
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
D
 NAME
SCHWAB, ABBY L
 STREET ADDRESS
P.O. BOX 99
 CITY-ST-ZIP
ELKTON FL 32033

☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
Director
 NAME
John Charles Schwab
 STREET ADDRESS
PO. Box 99
 CITY-ST-ZIP
ELKTON Fla. 32033

☒ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ Addition

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.

SIGNATURE: **John Schwab**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)