

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A13702

1. Entity Name

LANDCOM CO., LTD.

FILED

01 JAN 29 AM 11:51

Principal Place of Business

4306 PABLO OAKS COURT  
JACKSONVILLE FL 32224

Mailing Address

P.O. BOX 16469 SECRETARY OF STATE  
JACKSONVILLE FL 32245 TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-1857026

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COGGIN AUTOMOTIVE CORP.  
4306 PABLO OAKS COURT  
JACKSONVILLE FL 32224

Name

HZBCO Corp

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

4306 Pablo Oaks Ct

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

Linda L. Matlette Linda L. Matlette Treasurer HZBCO Corp 1-24-01

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$983,040.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P93000040962  
NAME HIBCO CORP.  
STREET ADDRESS 4306 PABLO OAKS COURT  
CITY-ST-ZIP JACKSONVILLE FL 32224

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Linda L. Matlette Linda L. Matlette Treasurer HZBCO Corp

1-24-01

904 992 4110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)