2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2001 8:00 am Secretary of State DOCUMENT # F27312 1. Entity Name LANDEX CORPORATION 04-12-2001 90062 034 ***150.00 Mailing Address Principal Place of Business 1100 NORTH HOMESTEAD RD 1100 N HOMESTEAD RD LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 LIS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-2088536 City & State Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POWELL, HARRY C., JR. Street Address (P.O. Box Number is Not Acceptable) 1100 N HOMESTEAD RD **LEHIGH ACRES FL 33936** Zio 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. A HATEL CONTINUE OF PARTS A Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE POWELL HARRY C. JR. NAME NAME STREET ADDRESS 1100 N HOMESTEAD RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES, FL 00000 ☐ Change Addition ☐ Delete TITLE ANGLICKIS, RUTH A NAME NAME 1100 N HOMESTEAD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES, FL 00000 CITY-ST-ZIP - Change ☐ Addition Delete TITLE -POWELL JR., HARRY C. NAME NAME 1100 N HOMESTEAD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE ANGLICKIS, RUTH A. NAME NAME 1100 N HOMESTEAD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES FL Change ■ Addition TITI F ☐ Delete SEIDEL, FRED R NAME 1100 N HOMESTEAD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 addless with all other line empowered.

SIGNATUR棋: SIGNATURE AND TYPED OR PRINTED NAME OF LIGNING OFFICER OR DIRECTOR

4-5-61 941-369-5848

Date Destrict Phone #