

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 08, 2001 8:00 am
Secretary of State**

02-08-2001 90377 012 ***150.00

DOCUMENT # F68113

1. Entity Name

LANDIMARINO, INC.

Principal Place of Business

**3110 S FEDERAL HWY
DELRAY BEACH FL 33444**

Mailing Address

**2811 NE 40TH COURT
LIGHTHOUSE POINT FL 33064**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2229678**

Applied For

Not Applicable

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****LANDIMARINO, DOMONIC
2811 NE 40TH CT
LIGHTHOUSE PT. FL 33064**

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.

SIGNATURE

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	LANDIMARINO, DOMONIC	
STREET ADDRESS	2811 NE 40TH CT	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDIMARINO, DEBORAH	
STREET ADDRESS	2811 NE 40TH COURT	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOMONIC LANDIMARINO**PRES.****2-1-01**

Date

561-276-2827

Daytime Phone #

CR2E034 (10/00)