## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT#**

F95000002662

**SIGNATURE:** 

1. Entity Name
LANDMARK ELEVATOR CONSULTANTS, INC.



## **FILED** Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90069 016 \*\*\*158.75

6. Name and Address of Current Registered Agent  KRUSSMAN, HANK 1340 S. OCEAN BLVD.  SUITE 506 POMPANO BEACH FL 33062  City  City  FL  Zig  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 the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00	Applied For Not Applicable Additional tuired
City & State  Country  S. Certificate of Status Desired & S8.7' Fee R  SARAMAN, HANK  1340 S. OCEAN BLVD.  SUITE 506  POMPANO BEACH FL 33062  City  FL Zir  Sirent Address (PO. Box Number is Not Acceptable)  City  FL Zir  Sirent Address (PO. Box Number is Not Acceptable)  City  FL Zir  Sirent Address (PO. Box Number is Not Acceptable)  City  FL Zir  Sirent Address (PO. Box Number is Not Acceptable)  City  FL Zir  Sirent Address (PO. Box Number is Not Acceptable)  Signature, upped or primed name or registered agent, or both, in the State of Florida. I am Identifiate the collegations of registered agent, or both, in the State of Florida. I am Identifiate the collegations of registered agent and title if applicable.  (NOTE Registered Agent signature required when renetating)  DATE  FILE NOW!!! FEE IS \$150.00  Make Cifacts Payable to Florida Department of State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  MANAME  SHEET ADDRESS  CITY-SI-2P  WANTAGH NY  Delete  WANTAGH NY  Delete  MANE  Delete  MANE  Delete  TITLE  MANTAGH NY  DELETE	Applied For Not Applicable Additional suired
Zip Country Zip Country  Zip Country  5. Certificate of Status Desired \$\$.5. Fee R  6. Name and Address of Current Registered Agent  Name  T. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip  City FL Zip  6. 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 the obligations of registered agent and take if applicable.  SIGNATURE  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Ciftick Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  IT SIFEET ADDRESS  CITY-ST-ZIP  WANTAGH NY  CITY-ST-ZIP  WANTAGH NY  Delete  WANTAGH NY  Delete  MAKE  Delete  MAKE  MAK	Not Applicable Additional uired
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2. 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	je Addition