FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 29, 2001 8:00 am Secretary of State DOCUMENT # F95000005679 05-29-2001 90015 014 ***150.00 LANDMARK ENGINEERING AND LAND PLANNING, INC. Principal Place of Business Mailing Address 3985 BENTWOOD LANE 3985 BENTWOOD LANE PENSACOLA FL 32533-9723 PENSACOLA FL 32533-9723 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3324564 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPITZNAGEL, MARK Street Address (P.O. Box Number is Not Acceptable) 3985 BENTWOOD LANE PENSACOLA FL 32533-9723 Zip Code City 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. (NOT) Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 20 1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payar to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PTD Change TITLE FITLE ☐ Delete SPITZNAGEL, MARK NAME NAME STREET ADDRESS STREET ADDRESS 3985 BENTWOOD LANE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 23 VSD Change Addition ☐ Delete TITLE TITLE SPITZNAGEL, PAMELA NAME NAME STREET ADDRESS 3985 BENTWOOD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 23 ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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 n / 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 is 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 gither like empowered.

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIF

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

Mark W. Spitznage SIGNATURE AND TOPED OF PRINTED NAME OF SIGNING OFFICER (R DIRECTOR

☐ Delete

☐ Delete

☐ Change

Change

☐ Addition

Addition

CR2E034 (10/00)