FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 06, 2002 8:00 am F95000005679 DOCUMENT # **Secretary of State** 1. Entity Name 02-06-2002 90012 015 \*\*\*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 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 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 Name SPITZNAGEL, MARK Street Address (P.O. Box Number is Not Acceptable) 3985 BENTWOOD LANE PENSACOLA FL 32533-9723 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME SPITZNAGEL, MARK NAME 3985 BENTWOOD LANE STREET ADDRESS STREET ADDRESS PENSACOLA FL 23 CITY-ST-ZIP CITY-ST-7IP TITLE **VSD** ☐ Change ☐ Addition ☐ Delete TITLE NAME SPITZNAGEL, PAMELA NAME 3985 BENTWOOD LANE STREET ADDRESS STREET ADDRESS PENSACOLA FL 23 CITY-ST-ZIP-CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

SIGNATURE: