

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005540

1. Entity Name

LANDMARK ENGINEERING & FOOD MACHINERY SALES LTD.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90023 028 ***150.00

Principal Place of Business

3337 BARTLETT BLVD
ORLANDO FL 32811

Mailing Address

3337 BARTLETT BLVD
ORLANDO FL 32811-6428

2. Principal Place of Business

2100 PRINCIPAL ROW
Suite, Apt. #, etc.
402
City & State
ORLANDO FL

3. Mailing Address

2100 PRINCIPAL ROW
Suite, Apt. #, etc.
402
City & State
ORLANDO FL



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1760018 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

KIBLER, ROBERT
3337 BARTLETT BLVD
ORLANDO FL 32811

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 DATE 1/10/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIBLER, ROBERT		NAME		
STREET ADDRESS	5416 RUSTIC PINE COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCONNELL, STEPHANIE		NAME		
STREET ADDRESS	13924 SUNNYBROOK RD		STREET ADDRESS		
CITY-ST-ZIP	PHOENIX MD		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 DATE 1/10/00 407-425-6603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)