

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90060 010 ***150.00

DOCUMENT # F96000005540

1. Entity Name

**LANDMARK ENGINEERING & FOOD MACHINERY SALES LTD.
 , INC.**

Principal Place of Business

**2100 PRINCEAL ROW
 402
 ORLANDO FL 32837
 US**

Mailing Address

**2100 PRINCEAL ROW
 402
 ORLANDO FL 32837
 US**

2. Principal Place of Business

2100 PRINCIPAL ROW

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2100 PRINCIPAL ROW

Suite, Apt. #, etc.

City & State

Zip

Country

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

**KIBLER, ROBERT
 5416 RUSDC PINE CT.
 ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name

KIBLER, ROBERT

Street Address (P.O. Box Number is Not Acceptable)

9714 CAMBERLEY CIRCLE

City

ORLANDO

FL

Zip Code

32836

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

ROBERT KIBLER PRESIDENT
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/01

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, 2002 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

TITLE **P** ☐ Delete
 NAME **KIBLER, ROBERT**
 STREET ADDRESS **5416 RUSTIC PINE COURT**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **ST** ☐ Delete
 NAME **MCCONNELL, STEPHANIE**
 STREET ADDRESS **13924 SUNNYBROOK RD**
 CITY-ST-ZIP **PHOENIX MD**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **KIBLER, ROBERT**
 STREET ADDRESS **9714 CAMBERLEY CIRCLE**
 CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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:

ROBERT KIBLER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/6/01

Daytime Phone #

407-455-8803

CR2E034 (9/01)