

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000238

1. Entity Name

LANDTECH SUPPORT SERVICES OF THE SOUTHWEST, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90039 026 \*\*\*150.00

Principal Place of Business  
361 SW MAJESTIC TERR  
PORT ST LUCIE FL 34984  
US

Mailing Address  
361 SW MAJESTIC TERR  
PORT ST LUCIE FL 34984-4362  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 75-2524879

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELL, DWIGHT W  
361 SW MAJESTIC TERRACE  
PORT ST LUCIE FL 34984

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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 | NAME             | STREET ADDRESS       | CITY-ST-ZIP            | DELETE                   | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE                   | ADDITION                 |
|-------|------------------|----------------------|------------------------|--------------------------|-------|------|----------------|-------------|--------------------------|--------------------------|
| PSTD  | BELL, DWIGHT W   | 361 SW MAJESTIC TERR | PORT ST LUCIE FL 34984 | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| VD    | BELL, L. ANGELIA | 361 SW MAJESTIC TERR | PORT ST LUCIE FL 34984 | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                  |                      |                        | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                  |                      |                        | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                  |                      |                        | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                  |                      |                        | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |                  |                      |                        | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |

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, up 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:

DWIGHT W BELL, PRES, DSW

Date

Daytime Phone #

800-576-0971