FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 13, 2001 8:00 am Secretary of State DOCUMENT # F97000000238 LANDTECH SUPPORT SERVICES OF THE SOUTHWEST, INC. 04-13-2001 90002 027 ***150.00 Principal Place of Business Mailing Address 361 SW MAJESTIC TER 361 SW MAJESTIC TERR PORT ST LUCIE FL 34984 PORT ST LUCIE FL 34984 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 75-2524879 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BELL, DWIGHT W Street Address (P.O. Box Number is Not Acceptable) 361'SW MAJESTIC TERRACE PORT ST LUCIE FL 34984 City Zip Code Fl 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Delete Change ☐ Addition **PSTD** TITLE TITLE NAME BELL, DWIGHT W NAME STREET ADDRESS STREET ADDRESS 361 SW MAJESTIC TERR CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34984 Change ☐ Addition ☐ Delete TITLE TITLE VD. BELL, L. ANGELIA NAME NAME STREET ADDRESS STREET ADDRESS 361 SW MAJESTIC TERR CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34984 [7] Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of the receiver of the receiver of the receiver of the corporation or the receiver of the receiver of the corporation or the receiver of the corporation or the receiver of the receive