

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2003 8:00 am
Secretary of State

07-02-2003 90009 017 ***550.00

DOCUMENT # F99000003994

1. Entity Name
LAND MOBILE RADIO (LMR) INTERNATIONAL, INC.



Principal Place of Business
**14200 ROYAL HARBOUR CT
SUITE 503
FT MYERS FL 33908**

Mailing Address
**610 MIAMI BLVD 14200 Royal Harbour Ct.
SUITE 503
MCLEAN VA 22102 - Ft. Myers, FL 33908**

2. Principal Place of Business

3. Mailing Address

14200 Royal Harbour Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 503

City & State

City & State
Fort Myers, FL

Zip

Country

Zip
33908

Country
Lee

4. FEI Number **52-1439671**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOODWIN, DONALD W
14200 ROYAL HARBOUR CT
SUITE 503
FT MYERS FL 33908**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Don Goodwin*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/1/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GOODWIN, DONALD W**
STREET ADDRESS **14200 ROYAL HARBOUR CT STE 503**
CITY-ST-ZIP **FT MYERS FL 33908**

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

TITLE **V** ☐ Delete
NAME **GOODWIN, M. LOUISE**
STREET ADDRESS **14200 ROYAL HARBOUR CT STE 503**
CITY-ST-ZIP **FT MYERS FL 33908**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Don Goodwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/1/03 239-437-8980

CR2E034 (10/02)