

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G29965

1. Entity Name

LANDSEND INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90065 029 ***150.00

Principal Place of Business

Mailing Address

1001 SE 9TH AVENUE
POMPANO BEACH FL 33060

19950 OVERSEAS HWY
SUGARLOAF KEY FL 33042-3166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2299235

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JOHNSON, DAVID E
1001 S.E. 9TH AVENUE
POMPANO BEACH FL 33060

Name

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

19950 OVERSEAS HWY

City SUGARLOAF KEY

FL

Zip Code 33042

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 PVST
STREET ADDRESS JOHNSON, DAVID E
CITY-ST-ZIP 1001 SE 9TH AVE.
POMPANO BEACH FL

☐ Delete

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STREET ADDRESS
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19950 OVERSEAS HWY
SUGARLOAF KEY, FL

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/00 305-745-1841

Date

Daytime Phone #

CR2E034 (9/99)