2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # **H35090** 1. Entity Name LANDMARK INVESTMENT NETWORK, INC. 04-18-2000 90185 006 ***150.00 Principal Place of Business Mailing Address 15 PARADISE LN 15 PARADISE LANE TREASURE ISLAND FL 33706-1129 TREASURE ISLAND FL 33706 3. Mailing Addres 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FE! Number Applied For City & State ity & State 59-2480976 JHEDIM Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARLSON, ROBERT H. 15 PARADISE-LN-TREASURE-ISLAND FL-33708-Zip Code the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name 4-10.00 (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE **C**hange ☐ Addition Delete TITLE CARLSON, ROBERT H. NAME NAME 1260 Form BHD STREET ADDRESS STREET ADDRESS 15 PARADISE LN CITY-ST-ZIP CITY-ST-ZIP **TREASURE ISLAND FL** Delete TITLE TITLE STEPHENSON, SUSAN C NAME NAME STREET ADDRESS STREET ADDRESS 15-PARADISE-LN-CITY-ST-ZIP CITY-ST-ZIF TREASURE ISLAND FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME

13. Thereby certify that the information supplied with this filling 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 appendix purple.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-10.00

727-736-1823

☐ Change

Addition

Daytime Phone #