

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90034 045 \*\*\*150.00

**DOCUMENT # H82956**

**1. Entity Name**  
**LANDWIRTH AND ASSOCIATES, INC.**

**Principal Place of Business**  
**2320 THIRD ST SOUTH**  
**SUITE 1**  
**JACKSONVILLE BEACH FL 32250**

**Mailing Address**  
**2320 THIRD ST SOUTH**  
**SUITE 1**  
**JACKSONVILLE BEACH FL 32250**

**2. Principal Place of Business**  
**229 Royal Tern Road, North**

**3. Mailing Address**  
**229 Royal Tern Road, North**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Ponte Vedra Beach, FL**

**City & State**  
**Ponte Vedra Beach, FL**

**4. FEI Number** **59-2650343**

**Applied For**  
☐ **Not Applicable**

**Zip**  
**32082-6205**

**Country**  
**USA**

**Zip**  
**32082-6205**

**Country**  
**USA**

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

**6. Name and Address of Current Registered Agent**

**LANDWIRTH, HENRI**  
**2320 THIRD ST SOUTH**  
**SUITE 1**  
**ORLANDO FL 32819**

**7. Name and Address of New Registered Agent**

**Name**  
**Henri Landwirth**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**229 Royal Tern Road, North**  
**City** **Ponte Vedra Beach** **FL** **Zip Code** **32082-6205**

**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** Henri Landwirth **Registered Agent** **January 16, 2002**  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>LANDWIRTH, HENRI</b> <b>2320 THIRD ST SOUTH STE 1</b> <b>JACKSONVILLE BEACH FL 32250</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>STD</b> <b>LANDWIRTH, GARY</b> <b>2320 THIRD STREET SOUTH STE 1</b> <b>JACKSONVILLE BEACH FL 32250</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>Henri Landwirth</b> <b>229 Royal Tern Road, North</b> <b>Ponte Vedra Beach, FL 32082-6205</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>STD</b> <b>Landwirth, Gary</b> <b>2814 Corrine Drive</b> <b>Orlando, FL 32804</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Henri Landwirth **Henri Landwirth, President** **01/16/02** **(904) 273-4997**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)