## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Jan 06, 2003 8:00 am Secretary of State J75071 DOCUMENT # 01-06-2003 90065 042 \*\*\*158.75 1. Entity Name LANDAU ENTERPRISES, INC. Principal Place of Business Mailing Address 722 N. SEGRAVE STREET 722 N. SEGRAVE STREET DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 59-2806863 Not Applicable \$8.75 Additional Country Zip X Country Zip 5. Certificate of Status Desired Fee Required 7.- Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LANDAU, GLENN D. Street Address (P.O. Box Number is Not Acceptable) 722 NORTH SEGRAVE STREET DAYTONA BEACH FL 32114 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE NAME NAME LANDAU, GLENN D. STREET ADDRESS STREET ADDRESS 722 N. SEGRAVE STREET CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Addition ☐ Change TITLE Delete TITLE VPTD. NAME NAME LANDAU, GEORGE STREET ADDRESS STREET ADDRESS 722 SEGRAVE STREET CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Change ~ ☐ Addition TITLE ☐ Delete TITLE NAME NAME LANDAU, LENORE STREET ADDRESS STREET ADDRESS 722 SEGRAVE STREET CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 chapted or on an attachment with an address with all offset like empowered. with an address, with all offier like empowered changed, or on an attachm

SIGNATURE:

**FILED**