

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 8:00 am**
Secretary of State

04-27-2001 90404 036 ***150.00

DOCUMENT # J91092

1. Entity Name

LANDFALL, INC.

Principal Place of Business

**341 W. ARTESIA ROAD
ARTESIA MS 39736
US**

Mailing Address

**P O DRAWER 240
ARTESIA MS 39736-0240
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2842778**

Applied For

Not Applicable

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

**FREEMON, EMILY
7520 3 AVE. W.
BRADENTON FL 34209**Name **BOYD FREEMON**

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

2721 NEUCHATEL DRCity **TALLAHASSEE****FL**Zip Code **32303**

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

WB Freeman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-12-01

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	SPARKS, WILLIAM F.	
STREET ADDRESS	P.O. BOX 248 N/A	
CITY-ST-ZIP	ARTESIA MS 39736-0248	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	DST	<input type="checkbox"/> Delete
NAME	FREEMON, W. BOYD	
STREET ADDRESS	P.O. BOX 247 N/A	
CITY-ST-ZIP	ARTESIA MS 39736-0247	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	DV	<input type="checkbox"/> Delete
NAME	SPARKS, PEGGY	
STREET ADDRESS	P.O. BOX 248 N/A	
CITY-ST-ZIP	ARTESIA MS 39736-0248	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

WB Freeman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-01 662-212-9315 x 3403

Date

Daytime Phone #

CR2E034 (10/00)