

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2001 8:00 am
Secretary of State

05-22-2001 90027 017 ***150.00

DOCUMENT #

1. Entity Name:

LANDIER Concepts Inc.

Principal Place of Business

Mailing Address

12963 S. Indian River Dr
Jensen Beach FL 34957

659234

2. Principal Place of Business

same as above

3. Mailing Address

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jensen Beach, FL

City & State

Jensen Beach FL

4. FEI Number

65D150383

Applied For

Not Applicable

Zip

34957

Country

USA

Zip

34957

Country

USA

5. Certificate of Status Desired

NO

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Sandra Gonzalez
12963 S. Indian River Dr
Jensen Beach FL 34957

Name

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

City

FL

Zip Code

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

Sandra Gonzalez

(NOTE: Registered Agent signature required when reinstating)

DATE

April 30, 2001

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: ~~President~~
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE: President
NAME: Sandra Gonzalez
STREET ADDRESS: 12963 S. Indian River Dr
CITY-ST-ZIP: Jensen Bch FL 34957

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE: V-Pres.
NAME: Pika Gonzalez
STREET ADDRESS: 12963 S. Indian River Dr
CITY-ST-ZIP: Jensen Bch FL 34957

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
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☐ Change ☐ Addition

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STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ 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:

Sandra Gonzalez President

4/30/01

561-229-3341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/00)