

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L30882

1. Entity Name

LANDGRAF MARKETING SERVICES INC.

FILED

Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90293 043 ***150.00

Principal Place of Business

3254 FURLONG WAY
GOTHA FL 34734
US

Mailing Address

3254 FURLONG WAY
GOTHA FL 34734
US

2. Principal Place of Business

7210 WESTPOINTE BLVD.

Suite, Apt. #, etc.

APT # 1310

City & State

ORLANDO FL

Zip

32835

Country

ORANGE

3. Mailing Address

7210 WESTPOINTE BLVD.

Suite, Apt. #, etc.

APT # 1310

City & State

ORLANDO FL

Zip

32835

Country

ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2976053

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANDGRAF, JOHN P
3254 FURLONG WAY
GOTHA FL 34734

7. Name and Address of New Registered Agent

Name

LANDGRAF, JOHN P

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

7210 WESTPOINTE BLVD.

APT # 1310

City

ORLANDO

FL

Zip Code

32835

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

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, 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

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	LANDGRAF, JOHN P.	
STREET ADDRESS	3254 FURLONG WAY	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7210 WESTPOINTE BLVD. APT # 1310	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

JOHN P. LANDGRAF

3/2/2001

407-295-5405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)