

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

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90263 011 ***150.00

| | |
|---------------------------|------------------------|
| DOCUMENT # L 64175 | 1. Entity Name |
| | Landi and Assoc., Inc. |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 5705 Gulf Drive Suite, Apt. #, etc. | 3. Mailing Address 8631 Regency Park Suite, Apt. #, etc. |
|---|---|

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| | | | |
|--|--|------------------------------------|---------------------------------------|
| City & State New Port Richey, FL | City & State Port Richey, FL | 4. FEI Number 59-3000241 | Applied For Not Applicable |
| Zip 34652 | Country USA | Zip 34668-3837 | Country USA |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

| |
|--|
| Name Grace Haimes |
| Street Address (P.O. Box Number is Not Acceptable) 8631 Regency Park |
| City Port Richey |
| FL |
| Zip Code 34668 |

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  **Grace Haimes** **4/20/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE President \ Director | NAME Frank Landi |
| STREET ADDRESS 7140 Rockwood | CITY-ST-ZIP Port Richey, FL 34668 |
| TITLE Vice President \ Director | NAME Roger Landi |
| STREET ADDRESS 4565 Mitcher Lane | CITY-ST-ZIP Port Richey, FL 34652 |
| TITLE Vice President \ Treasurer \ Director | NAME Anthony Landi |
| STREET ADDRESS 7140 Rockwood | CITY-ST-ZIP Port Richey, FL 34668 |
| TITLE Secretary \ Director | NAME Grace Haimes |
| STREET ADDRESS 7140 Rockwood Drive | CITY-ST-ZIP Port Richey, FL 34668 |
| TITLE NAME | STREET ADDRESS |
| CITY-ST-ZIP | |
| TITLE NAME | STREET ADDRESS |
| CITY-ST-ZIP | |

11.

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Grace Haimes \ Director** **4/20/2004** **(727) 842-7930**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**