

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000000486**

1. Entity Name

A COMPANY OF MEN, INC.

Principal Place of Business

**1577 AVLEIGH CIRCLE
ORLANDO FL 32824**

Mailing Address

**P.O. BOX 770924
ORLANDO FL 32877**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3554012

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LANDRAU, PETER
1577 AVLEIGH CIRCLE
ORLANDO FL 32824**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LANDRAU, PETER	
STREET ADDRESS	1577 AVLEIGH CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32824	

TITLE	D	<input type="checkbox"/> Delete
NAME	MALDONADO, DAISY	
STREET ADDRESS	830 JENKINS STREET	
CITY-ST-ZIP	KISSIMMEE FL 34741	

TITLE	D	<input type="checkbox"/> Delete
NAME	CAMACHO, VILMA	
STREET ADDRESS	3122 OAK BLUFF DR	
CITY-ST-ZIP	ORLANDO FL 32827	

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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90125 011 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

1/14/2002 321-689-1301