FILED

Davtime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND

Jan 31, 2002 8:00 am P00000079027 DOCUMENT # **Secretary of State** 1. Entity Name 01-31-2002 90002 033 ***150.00 C LANDWEHR, INC. Principal Place of Business Mailing Address 580 - 115TH AVE んりきょう 580 - 115TH AVE TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 2. Principal Place of Business 3. Mailing Address 235 avenue N Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-3669157 tersburg Not Applicable \$8.75 Additional 5. Certificate of Status Desired ÚSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANDWEHR, CHERYL Street Address (P.O. Box Number is Not Acceptable) 580 - 115TH AVE TREASURE ISLAND FL 33706 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, andwehr nature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01 TITLE Delete TITLE ☐ Change Addition LANDWEHR, CHERYL NAME NAME 580 115TH AVENUE. STREET ADDRESS STREET ADDRESS treasure isalnd fl 33706 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE - Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 office like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR