

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90212 026 ***150.00

DOCUMENT # P00810

1. Entity Name
LANDRUM SOFTWARE, INC.



Principal Place of Business
2646 S.W. MAPP ROAD #205
P.O. BOX 842
PALM CITY FL 34991
US

Mailing Address
2646 S.W. MAPP ROAD #205
P O BOX 842
PALM CITY FL 34991
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2338051

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANDRUM, RICHARD, H
2949 SW CORNELL AVE
2949 SW CORNELL AVE
PALM CITY FL 34990

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	LANDRUM, RICHARD H.	
STREET ADDRESS	2949 S.W. CORNELL AVE.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LANDRUM, JANE S.	
STREET ADDRESS	2949 SW CORNELL AVE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEPPY, LYN LAN DRUM	
STREET ADDRESS	1100 S DELANDY AVE F 320	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANDRUM, TY DOURCAS	
STREET ADDRESS	6708 12 AVENUE NE	
CITY-ST-ZIP	SEATTLE WA 98115	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, ANNE LANDRUM	
STREET ADDRESS	1466 GRANT DR	
CITY-ST-ZIP	ATLANTA GA 30319	
TITLE		<input type="checkbox"/> Delete
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEPPY LANDRUM, BEPPY LYN	
STREET ADDRESS	2300 VIRGINIA DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDRUM, TY DOUGLAS	
STREET ADDRESS	P.O. BOX 4754	
CITY-ST-ZIP	SEATTLE, WA 98104	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDRUM, KELLY ANNE	
STREET ADDRESS	1709 BEULIE ISLE CIRCLE	
CITY-ST-ZIP	ATLANTA, GA 30329	
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 607, 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: *Richard Landrum* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03

Date

(772) 286-1324

Daytime Phone #

CR2E034 (10/02)