

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90154 042 \*\*\*150.00

**DOCUMENT # P01000034821**

1. Entity Name  
**LANDMARK NATIONAL TITLE, INC.**



Principal Place of Business

~~5922 9TH AVE. N.~~  
~~ST. PETERSBURG FL 33710~~

Mailing Address

5922 9TH AVE. N.  
ST. PETERSBURG FL 33710

2. Principal Place of Business

**1220- 4<sup>TH</sup> STREET No.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**ST. PETERSBURG FL**

City & State

Zip

**33701**

Country

**USA**

Zip

Country

4. FEI Number

**59-3710031**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~MORRISON, PAT~~

~~5922 9TH AVE. N.~~

~~ST. PETERSBURG FL 33710~~

Name

**MICHAEL LA ROSA**

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

**5810- WEST CYPRESS STREET, SUITE E**

City

**TAMPA**

FL

Zip Code **33607**

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 **MICHAEL LA ROSA - REGISTERED AGENT**

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

(NOTE: Registered Agent signature required when reinstating)

**3-15-03**

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  
Trust Fund Contribution.

☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
CHADWICK, KEVIN  
5922 9TH AVE. N.  
ST. PETERSBURG FL 33710**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-15-03 227-895-5115**

Date

Daytime Phone #

CR2E034 (10/02)