FILED Feb 04, 2002 8:00 am Secretary of State **2002 UNIFORM BUSINESS REPORT (UBR)**

P01000040466 **DOCUMENT #**

1. Entity Name

LANDOR, INCORPORATED

Principal Plac	ce of Business	Mailing Address						
i '	3 GLORY CIRCLE	115 MORNING GLORY CIRCLE						
WINTER HAVEN FL 33884		WINTER HAVEN FL 33884						
				(188(188) 111 ESIG(1181) SENS			111 8 8 171 (88 1	
2. Principal F	Place of Business	3. Mailing Address		#	ANTIN OBJUT BRUT DINT		 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
01. 101		0:4 0 0:4-4-		4 CCI November		I IAn	plied For	
City & State		City & State	City & State		4. FEI Number 376 - 26 - 8828 Applied For Not Applicable			
Zip	Country	Zip	Country		0.0	3.75 Add		
. —		'	•	5. Certificate of Status Desire		e Required		
	6. Name and Address of Curren	Registered Agent		7. Name and Address of Nev	w Registered Age	ent		
			Name					
Blanken	iship, randall g	Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
170 EAST CENTAL AVE			Barost Addres	Se (F.O. DOX Harrison is Her Koopie				
WINTER H	HAVEN FL 33880						1	
			City			Zip Code		
· .				10.000	FL			
8. The above	e named entity submits this statement f	or the purpose of changing its re	egistered office or regis	stered agent, or both, in the State of	f Florida.			
SIGNATURE								
O O TO TO THE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)	DATE			
9. This corp.	oration is eligible to satisfy its Intangible	e FILE NOW!!!	! FEE IS \$150.00	12 5 1 2				
	requirement and elects to do so.	I		10. Election Campaign	Financing	\$5.0	O May Be	
	regaliernent and ciceta to de be.	After May 1, 2002	2 Fee will be \$550.0	Trust Fund Contribu	· —	Added	to Foos	
(See crite	eria on back)	Make Check Payable			· –	Added	to Fees	
(See crite		Make Check Payable			ution.	Added	to Fees	
`	oria on back) OFFICERS AND PVD	Make Check Payable	e to Department of S	State	DEFICERS AND D	Added	to Fees	
11.	OFFICERS AND CARROTHERS, DOROTHY M	Make Check Payable DIRECTORS	e to Department of S	State	DEFICERS AND D	Added	to Fees	
11.	OFFICERS AND	Make Check Payable DIRECTORS	e to Department of \$ 12. TITLE NAME STREET ADDRESS	State	DEFICERS AND D	Added	to Fees	
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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 other tiple empowered.

STREET ADDRESS C!TY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

02-04-2002 90256 029 ***150.00