DOCUMENT # P0100077257  1. Entity Nagne LANDMARK INTERIORS, INC.					FILED				
:						02 OCT	PM 12: 5 I		
Principal Place of Business 3329 BARTLETT BOULEVARD ORLANDO FL 32811		Mailing Address 3329 BARTLETT BOULEVARD ORLANDO FL 32811			, no recent	SECRETARY IALLAHASSES	OF STATE FLORIDA		
2. Principal	Place of Business	3. Mailing Address	·						
7/3) Suite, Ap	GRAND NATIONAL BLUD.	7131 (00.00	VATIONAL	BLVD.	''"	ercaar sit seidt (1811 ållili, 68)	I <b>di</b> bing <b>Ba</b> lin 1 <b>88</b> 15 ( <b>88</b> 16	1801 01501 ( <b>68)</b> (8)	
105		#Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS SPACE		
City & Sta	NOO FI.	City & State  OR LANDO /	-ι.	4	FEI Nur	nber 3 7 3 7 6 6 6		Applied For Not Applica	
32819	Country S.A	72819	Country U. 5. A	1 5		ate of Status Desired	\$8.75	Additional	
	6. Name and Address of Current R				. Name a	nd Address of New R	Fee Requestered Agent	uired	
	& UTRERA, P.A.	~	Name	Address (D.O	N			1	
1840 SOUTHWEST 22ND STREET 4TH FLOOR			Juleer	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL			City						
. The above	e named entity submits this statement for t	he purpose of changing its	'	r registered a	anent or h	noth in the State of Flor	FL Zip C		
	ř				_go, or i	out, in the state of 1 joi	oa. Tam tamilar w	in, and acce	
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signa	ture required when	n reinstating)	<del>- , </del>	DATE		
9. This corpo	pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!	FEE IS \$550	.00	<u> </u>	lection Campaign Fina			
(See criter	ria on back)	After September 13, Make Check Payabl	2002 Fee will be to Departmen	e \$750.00 t of State	10. T	rust Fund Contribution		.00 May Be led to Fees	
TLE	OFFICERS AND DI	RECTORS  Delete	12.	A	DDITION	S/CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 11	
AME IREET ADDRESS TY-ST-ZIP	SUBLETTE, WILLIAM R 3329 BARTLETT BOULEVARD ORLANDO FL 32811	Li Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SUBLET 1131 61 ORLAN	PAND	,WILLAM R. NATIONAL OR. Fl. 32819	\$16# 105	e 🗌 Additio	
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LE ME	<del></del>	☐ Delete	TITLE	<u> </u>	<u></u>	<u> </u>	☐ Change.	Addition	
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Y-ST-ZIP LE			CITY-ST-ZIP	<u>.</u>					
ME REET ADDRESS	Mark Ding Kabupatèn Kabupatèn Mar	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
E ME EET ADDRESS '-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_ <del></del> :			☐ Change	☐ Addition	
or the corpo	ertify that the information supplied with this in this report or supplemental report is true oration or the receiver or trustee empower or on an attachment with an address, with	ad ta avaguse ship	e exemption state	d in Section ve the same I ter 607, Florid	119.07(3)( legal effec da Statute	i), Florida Statutes. I fu t as if made under oath s; and that my name a	rther certify that the interpretation; that I am an office opears in Block 11 d	nformation r or director ir Block 12 if	