

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PD1000103311**
 1. Entity Name
Landmark Excavation, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business **14074 Temple Blvd** 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
same

City & State **Loxahatchee, FL** City & State **same**
 Zip **33470** Country Zip Country

FILED
03.OCT.16 AM 9:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
REINSTATEMENT 03
 DO NOT WRITE IN THIS SPACE

4. FEI Number **04-3633797** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
mangialetto, mark
14074 Temple Blvd
Loxahatchee, FL 33470

7. Name and Address of New Registered Agent
 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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
~~Make Check Payable to Department of State~~
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D mark mangialetto 14074 Temple Blvd Loxahatchee, FL 33470
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: _____ Date **10/10/03** Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 (9/99)

James J. Donovan, C.P.A., P.A.
3830 Jog Road
Lake Worth, FL 33467
Phone (561) 641-9550 Fax (561) 641-4781

October 14, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Landmark Excavation
P01000103311

Dear Sir or Madame,

Please be advised of the following facts and circumstances regarding the late filing of this return.

- 1. The taxpayer did not receive the annual business report, and had no knowledge that the annual report was required.**
- 2. Therefore we believe reasonable cause exists for you waiving the assessed penalty and making this client active again.**
- 3. If you have any questions, please feel free to contact our office.**

Thank you for your cooperation.

Sincerely,



James J. Donovan, C.P.A.

Under penalties of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, correct, and complete.