

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 MAY 26 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000002757



1. Entity Name
LANDMARK CREDIT SERVICES, INC.

Principal Place of Business
5460 N STATE RD 7, SUITE 229
FT LAUDERDALE, FL 33319

Mailing Address
5460 N STATE RD 7, SUITE 229
FT LAUDERDALE, FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05062004

Chg-P

CR2E034 (10/03)

4. FEI Number
01-0609200

Applied For
Not Applicable

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

BORWICK, KEVIN
5460 N STATE RD 7, SUITE 229
FT LAUDERDALE, FL 33319

Name
MARK FORSTEIN
Street Address (P.O. Box Number is Not Acceptable)
5460 N State Rd. 7, Suite 229
City
Ft. Lauderdale FL Zip Code
33319

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)

5/12/04
DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME BORWICK, KEVIN
STREET ADDRESS 5460 N. ST RD 7 SUITE 229
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE PD ☐ Delete
NAME FORSTEIN, MARK
STREET ADDRESS 5460 N. ST RD 7 SUITE 229
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE SD ☐ Delete
NAME BORWICK, KURT
STREET ADDRESS 5460 N. ST RD 7 SUITE 229
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 80003757038
STREET ADDRESS 06/02/04--01020--003 **61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature and typed or printed name of signing officer or director

5/12/04
Date

954-714-8400
Daytime Phone #