

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90187 029 ***150.00

DOCUMENT # P02000006816

1. Entity Name
LANDBUILDER CORPORATION



Principal Place of Business
8401 JR MANOR DR., STE. 100
TAMPA FL 33634

Mailing Address
8401 JR MANOR DR., STE. 100
TAMPA FL 33634

2. Principal Place of Business
6522 Gunn Hwy
Suite, Apt. #, etc.

3. Mailing Address
6522 Gunn Hwy
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33625

Country
USA

Zip
33625

Country
USA

4. FEI Number
75-2988804

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

LYNCH, PAUL R
101 E. KENNEDY BLVD., STE. 2800
TAMPA FL 33602

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. 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) **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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	SUAREZ, JACK D
STREET ADDRESS	8401 JR MANOR DR., STE. 100
CITY-ST-ZIP	TAMPA FL 33634
TITLE	D <input type="checkbox"/> Delete
NAME	RUSHNELL, DEVON
STREET ADDRESS	8401 JR MANOR DR., STE. 100
CITY-ST-ZIP	TAMPA FL 33634
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suarez, Jack D
STREET ADDRESS	6522 Gunn Hwy
CITY-ST-ZIP	Tampa, FL 33625
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rushnell, Devon
STREET ADDRESS	6522 Gunn Hwy
CITY-ST-ZIP	Tampa, FL 33625
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clark, James R
STREET ADDRESS	6522 Gunn Hwy
CITY-ST-ZIP	Tampa, FL 33625
TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rogler, Andrew L
STREET ADDRESS	6522 Gunn Hwy
CITY-ST-ZIP	Tampa, FL 33625
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynch, Paul R
STREET ADDRESS	101 E Kennedy Blvd. Ste. 2800
CITY-ST-ZIP	Tampa, FL 33602
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cunningham, Delton
STREET ADDRESS	6522 Gunn Hwy
CITY-ST-ZIP	Tampa, FL 33625

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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED **2/15/03** **813 886 2433**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)