

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2001 08:00 AM
Secretary of State

DOCUMENT # P92000003758

1. Entity Name
LANDIS TECHNOLOGY GROUP, INC.

Principal Place of Business
123 BOONE ST.
PENSACOLA FL 32505 US

Mailing Address
123 BOONE ST.
PENSACOLA FL 32505 US

2. Principal Place of Business
812 N. WITT LANE

3. Mailing Address
812 N. WITT LANE

Suite, Apt. #, etc.

City & State
CANTONMENT FL

Zip Country
32533 US

4. FEI Number
59-3154906

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAGRUDER LLOYD B.
812 N WITT LANE
CANTONMENT FL 32533 US

7. Name and Address of New Registered Agent

Name
MAGRUDER CHRISTINE J

Street Address (P.O. Box Number is Not Acceptable)
812 N WITT LANE

City
CANTONMENT FL

Zip Code
32533

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 **CHRISTINE J. MAGRUDER**

04/02/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
After MAY 1, 2001 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	MAGRUDER CHRISTINE J	
STREET ADDRESS	812 N. WITT LN	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGRUDER LLOYD B	
STREET ADDRESS	812 N. WITT LN	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGRUDER LLOYD B	
STREET ADDRESS	812 N. WITT LANE	
CITY-ST-ZIP	CANTONMENT FL 32533	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGRUDER CHRISTINE J	
STREET ADDRESS	812 N. WITT LN	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGRUDER CHRISTINE J	
STREET ADDRESS	812 N. WITT LANE	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Christine J. Magruder**

Pres

04/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)