

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90069 005 \*\*\*150.00

0594693 AT

**DOCUMENT # P94000006638**

1. Entity Name  
**LANDMARK INVESTMENT GROUP, INC.**

Principal Place of Business <b>6 CIMMORON DR          PALM COAST FL 32092          US</b>	Mailing Address <b>P O BOX 99          ELKTON FL 32033          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>14334 Dahlowega Ln</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO. Box 99</b> Suite, Apt. #, etc.
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City & State <b>Jacksonville, Fla.</b>	City & State <b>Elkton Fla.</b>
Zip <b>32224</b>	Zip <b>32033</b>
Country <b>Duval</b>	Country <b>St. Johns</b>

4. FEI Number <b>59-3238341</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**SCHWAB, JOHN  
 6 CIMMINERON  
 PALM COURT FL 32137**

7. Name and Address of New Registered Agent  
 Name **John Schwab**  
 Street Address (P.O. Box Number is Not Acceptable)  
**14334 Dahlowega Lane**  
 City **Jacksonville** FL Zip Code **32224**

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 *John Schwab*  
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHWAB, ABBY L</b> <b>P.O. BOX 99</b> <b>ELKTON FL 32033</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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	<b>Director</b> <b>John Charles Schwab</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO. Box 99</b> <b>ELKTON Fla. 32033</b>
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: *John Schwab* **John Schwab** Director 4/18/02 904-823-2442  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)