

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

05-08-2002 90125 023 \*\*\*150.00

DOCUMENT # **P95000086274**  
1. Entity Name **LANDMAINN MFG. INC** ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**2599 DOLLY BAY DR**  
Suite, Apt. #, etc. **T308**  
City & State **PALM HARBOR FL**  
Zip **34684** Country **US**

3. Mailing Address  
**4976 AMBS RD**  
Suite, Apt. #, etc. **8**  
City & State **ST LOUIS MO**  
Zip **63128-2850** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3363333** Applied For ☐ Not Applicable ☐  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **KARL GUENTHER**  
Street Address (P.O. Box Number is Not Acceptable) **2599 DOLLY BAY DR**  
**T308**  
City **PALM HARBOR** FL Zip Code **34684**

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) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐  
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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>PRES</b> <b>HOWARD LANDMAINN</b> <b>4976 AMBS RD ST LOUIS MO</b> <b>63128-2850</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Howard Landmann** **HOWARD LANDMAINN** **4/29/02** **314 233 4481**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)