

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90028 007 ***150.00

DOCUMENT # P95000093561

1. Entity Name

LANDCASTER HOLDINGS, INC.

Principal Place of Business

**38349 HIGHWAY 54 EAST
 UNIT 166
 ZEPHYRHILLS FL 33540
 US**

Mailing Address

**ATTN: J L BOWERY
 11 GROVE PARK
 WESTMOUNT, QUEBEC CA H3Y- 3E6
 CA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3360598

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BROWNSBERGER, J. G
 38349 HIGHWAY 54 EAST
 UNIT 166
 ZEPHYRHILLS FL 33540**

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BOWEY, J. LORNE	
STREET ADDRESS	11 GROVE PARK	
CITY-ST-ZIP	WESTMOUNT, QUEBEC CA H3Y- 3E6	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MONTY, DAVID	
STREET ADDRESS	42 WILSON STREET	
CITY-ST-ZIP	LENNOXVILLE, QUEBEC CA J1M- 1N1	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED
James L. Bowey

Jan 23rd/02

Date

Daytime Phone #

**514-
 937 9131**

CR2E034 (9/01)