

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010087			
1. Entity Name Landex of Jacksonville, Inc.			
Principal Place of Business 575 S. Charles St., Suite 506 Baltimore, MD 21201		Mailing Address 575 S. Charles St., Suite 506 Baltimore, MD 21201	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

01 JUL 25 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NRAI Services, Inc. 526 E Park Ave Tallahassee, FL 32301		7. Name and address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip	
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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, 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		12. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Siegel, Judith S 222 Jefferson Blvd. Warwick RI 02888 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Siegel, Judith S. 575 S. Charles St., Suite 506 Baltimore, MD 21201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Siegel, Peter S. 575 S. Charles St., Suite 506 Baltimore, MD 21201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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******550.00 ****550.00**

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

Peter S. Siegel, Vice President

7-24-01

410-234-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #