

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054031

1. Entity Name

LANFORMATION, INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90136 041 ***150.00

Principal Place of Business

Mailing Address

8901 SCHOONER CT.
NAVARRE FL 32566

8901 SCHOONER CT.
NAVARRE FL 32566-2148

2. Principal Place of Business

3. Mailing Address

1401 Greenbriar Parkway

1401 Greenbriar Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4

Suite 4

City & State

City & State

Mulberry Breeze, FL

Mulberry Breeze, FL

Zip

Zip

32561

32561

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURDEN, BRIAN J
6818 LIBERTY ST
NAVARRE FL 32566

Name Richard M. Stuckey

Street Address (P.O. Box Number is Not Acceptable)
1401 Greenbriar Parkway

Suite 4

City Mulberry Breeze, FL

FL

Zip Code 32561

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

Richard M. Stuckey, President 3/14/00

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, 2000 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	V	<input type="checkbox"/> Delete
NAME	BURDA, BRIAN J	
STREET ADDRESS	6816 LIBERTY ROAD	
CITY-ST-ZIP	NAVARRE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	STUCKEY, RICHARD G	
STREET ADDRESS	6816 LIBERTY ST	
CITY-ST-ZIP	NAVARRE FL 32566	
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		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard M. Stuckey	
STREET ADDRESS	1401 Greenbriar Pkwy, Ste 4	
CITY-ST-ZIP	Mulberry Breeze, FL 32561	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian J. Burda	
STREET ADDRESS	1401 Greenbriar Pkwy, Ste 4	
CITY-ST-ZIP	Mulberry Breeze, FL 32561	
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 information answered.

SIGNATURE:

Richard M. Stuckey 3/14/00 8509345263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRF 034 (9/99)