## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600054986  1. Entity Name  LANDMARK LENDING, INC.					1	May 02, 2000 8:00 am Secretary of State 05-02-2000 90073 021 ***150.00			
Principal Plac	e of Business	Mailing Address			-				
110 n. Halifax ave Suite C Daytona Beach FL 32118 JS		POST OFFICE BOX 290878 PORT ORANGE FL 32129-0878 US					1101 2011 2011 1818 1818 1	DB 8164 ( <b>88</b> 1	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State		<b>4.</b> F	El Number <b>59-3386902</b>	<del></del>	pplied For ot Applicable		
Zip	Country	Zip	Zip Country		<b>5.</b> C	Pertificate of Status Desired	\$8.75 44	ditional	
	6. Name and Address of Current F	Registered Agent			7. N	ame and Address of New Regist	ered Agent		
				Name					
FERGUSON, LARRY 410 N. HALIFAX AVENUE				Street Address (P.O. Box Number is Not Acceptable)					
SUITI Dayt	CONA BEACH FL 32118			City			FL Zip Coo	ie	
							1 1		
SIGNATURE	named entity submits this statement for	the purpose of changing lis	register	ed office of regi	stered age	, in the state of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registere	d Agent signature rec	quired when rei	nstating)	DATE		
9. This corporation is eligible to satisfy its Intangit Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE After MAY 1, 2000 Fee Make Check Payable to De		will be \$550.		10. Election Campaign Financir Trust Fund Contribution.		O May Be d to Fees	
11.	OFFICERS AND I		12.			DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS	DP FERGUSON, LARRY K 410 N. HALIFAX AVE. "C"	☐ Delete		EET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP	DAYTONA BEACH FL		-	'-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	NAM STRI	l	·5 +		~		
CITY-ST-ZIP				'-ST-ZIP		<u>.</u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Change	☐ Addition	
TITLE		☐ Delete	TITL	E .			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				ME EET ADORESS /-ST-ZIP	,				
TITLE	<del>,,.</del>	☐ Delete	TITL	E			. Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP			-		
TITLE		☐ Delete	TITL	E		W. M.	☐ Change	Addition	
NAME STREET ADDRESS				EET ADDRESS					
indicated of the co	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, w	true and accurate and that n wered to execute this report	the exe	iture shall have.	the same i	egal effect as if made under gath:	that I am an office	r or alrector – i	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

(904) 255-8026