

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 96 0000 93473**
 1. Entity Name
LANDROP MANAGEMENT CORP.

FILED

01 MAR 21 AM 10:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**27304 GUADALOUPE LANE
RAMROD KEY, FL. 33042**

Mailing Address
**LANDROP MGMT. CORP.
c/o Werner Macckelburg
8, AUBRY
ST-SAUVEUR-DES-MONTS, QUE.
CANADA J0R 1R6**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

4. FEI Number
65-0722950

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**GARRY A. SIEVERS
MILE MARKER 31.1, U.S. 1
BIG PINE KEY, FL. 33043**

7. Name and Address of New Registered Agent
 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, 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**

1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	PRESIDENT	WERNER MACCKELBURG 8 AUBRY ST SAUVEUR DES MONTS, QUE., CAN., J0R 1R6			
	<input type="checkbox"/> Delete				
	SECRETARY	MICHELLE MACCKELBURG 8 AUBRY ST SAUVEUR DES MONTS, QUE., CAN., J0R 1R6			
	<input type="checkbox"/> Delete				
	<input type="checkbox"/> Delete				
	<input type="checkbox"/> Delete				
	<input type="checkbox"/> Delete				

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Werner Macckelburg** (WERNER MACCKELBURG) MAR. 15, 2001 450-227-3823
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)