

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90113 040 \*\*\*150.00

**DOCUMENT # P96000093473**

1. Entity Name

**LANDROP MANAGEMENT CORP.**

Principal Place of Business

**27304 GUADALOUPE LANE  
RAMROD KEY FL 33042**

Mailing Address

**% WERNER MAECKELBURG  
8 AUBRY, ST-SAUVEUR-DES-MONTS, QUE.  
CANADA J0R 1R6  
QC**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**65-0722950**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SIEVERS, GARRY A  
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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P</b>	<b>MAECKELBURG, WERNER</b>	<b>8 AUBRY, ST-SAUVEUR-DES-MONTS QUEBEC, CANADA J0R 1R6</b>	

	<b>S</b>	<b>MAECKELBURG, MICHELNE</b>	<b>8 AUBRY, ST-SAUVEUR-DES-MONTS QUEBEC, CANADA J0R 1R6</b>	
--	----------	------------------------------	---	--

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
-------	------	----------------	-------------	---------------------------------

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
-------	------	----------------	-------------	---------------------------------

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
-------	------	----------------	-------------	---------------------------------

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
-------	------	----------------	-------------	---------------------------------

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
--	--	--	--	---------------------------------	-----------------------------------

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
-------	------	----------------	-------------	---------------------------------	-----------------------------------

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
-------	------	----------------	-------------	---------------------------------	-----------------------------------

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
-------	------	----------------	-------------	---------------------------------	-----------------------------------

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
-------	------	----------------	-------------	---------------------------------	-----------------------------------

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:** *Werner Maackelburg* (**WERNER MAECKELBURG**) **MAR 5, 2002** **450-227-3823**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)