

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044252

1. Entity Name
LANDON PROPERTY SERVICES INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90270 017 ***150.00

Principal Place of Business

425 NORTHEAST 21 STREET
WILTON MANORS FL 33305-2033

Mailing Address

425 NORTHEAST 21 STREET
WILTON MANORS FL 33305-2033



DO NOT WRITE IN THIS SPACE

David L. Pearce
100 E. Oakland Pk. Blvd.
Suite 104
Oakland Park, FL 33334

David L. Pearce
1100 E. Oakland Pk. Blvd.
Suite 104
Oakland Park, FL 33334

4. FEI Number **65-0755093** Applied For
Not Applicable

Zip Country USA Zip Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEARCE, DAVID L
425 NORTHEAST 21 STREET
WILTON MANORS FL 33305-2033

David L. Pearce
1100 E. Oakland Pk. Blvd.
Suite 104
Oakland Park, FL 33334

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete	TITLE	David L. Pearce	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, DAVID L		NAME	1100 E. Oakland Pk. Blvd.	
STREET ADDRESS	425 NORTHEAST 21 STREET		STREET ADDRESS	Suite 104	
CITY-ST-ZIP	WILTON MANORS FL 33305-2033		CITY-ST-ZIP	Oakland Park, FL 33334	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 like empowered.

SIGNATURE: David L. Pearce DAVID L. PEARCE, PRESIDENT 4/23/01 954-564-3271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)