## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 06, 2002 8:00 am Secretary of State DOCUMENT # P98000060768 1. Entity Name 05-06-2002 90118 012 \*\*\*150.00 LANDMARK AUDIO & LIGHTING, INC. Principal Place of Business Mailing Address 230 S. LAKE PARKER AVE. 230 S. LAKE PARKER AVE. LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State \_City & State\_ 4. FEI Number. Applied For 59-3552858 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITWORTH, DONNA E Street Address (P.O. Box Number is Not Acceptable) 5334 CLAY DR. LAKELAND FL 33813 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 NAME WHITWORTH, RANDY H NAME 5334 CLAY DR STREET ADDRESS STREET ADDRESS CITY-ST-7IF LAKELAND FL 33813 CITY-ST-ZIP TITLE VSD ☐ Delete Change ☐ Addition NAME WHITWORTH, DONNA NAME STREET ADDRESS 5334 CLAY DR STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP\_ ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE

bes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information courage and that my signature shall have the same legal effect as if made under oath; that I am an officer or director xecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and

of the corporation or the receiver or trustee empower