

DOCUMENT # P98000098595

1. Entity Name
LANDMARK MORTGAGE SERVICES, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90011 024 ***150.00

Principal Place of Business Mailing Address
150 2 AVE N. STE 1170 11125 9TH ST. E.
ST PETE FL 33701 TREASURE ISLAND FL 33706

7011 CENTRAL AVE SUITE A.
SA. PETERSBURG, FL 33710

2. Principal Place of Business 3. Mailing Address
7011 CENTRAL AVE 7011 CENTRAL AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
A. A.

City & State City & State
SA. PETERSBURG FL. SA. PETERSBURG FL.
Zip Country Zip Country
33710 PIN. 33710 PIN.

4. FEI Number 59-3544162 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, DEAN F
11125 9TH ST. E.
TREASURE ISLAND FL 33706

CHANGE
ADDRESS

7. Name and Address of New Registered Agent

Name DEAN F. SMITH
Street Address (P.O. Box Number is Not Acceptable)
7011 CENTRAL AVE SUITE A.
City SA. PETERSBURG FL Zip Code 33710

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

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 \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SMITH, DEAN F
STREET ADDRESS 150 2 AVE N. STE 1170
CITY-ST-ZIP ST PETE FL 33701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2001 727-823-7800
Date Daytime Phone #

CR2E034 (10/00)