2002 UNIFORM BUSINESS REPORT (UBR)

May 16, 2002 8:00 am & Secretary of State DOCUMENT # P99000012490 1. Entity Name 05-16-2002 90066 023 ***150.00 LANDMARK CONSULTING, INC. Principal Place of Business Mailing Address 929 SW 21ST ST. 929 SW 21ST ST. FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315 2. Principal Place of Busines: 3. Mailing Address 315 Bryan Brian Suite, Apt. # etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0898529 lantation Not Applicable 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 STEWART, JAYNE M Street Address (P.O. Box Number is Not Acceptable) 631 LINNET CIR. DELRAY BCH FL 33444 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE **PSTD** NAME WYNER, TIBETTE D NAME 315 Bryan Blvd. Plantation FL 33317-3748 STREET ADDRESS 929 SW 21ST ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL 33315 TITLE ☐ Delete TITLE NAME STEWART, JAYNE M NAME STREET ADDRESS STREET ADDRESS 929 SW 21ST ST. CITY-ST-ZIF CITY-ST-7IP FT. LAUDERDALE FL 33315 Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. I hereby certify that the information supplied with this filling 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.

FILED