

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041245

1. Entity Name

LANDMARK ART & FRAME, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90062 049 ***150.00

Principal Place of Business

3337 BARTLETT BLVD.
ORLANDO FL 32811

Mailing Address

3337 BARTLETT BLVD.
ORLANDO FL 32811-6428

2. Principal Place of Business

2100 PRINCIPAL ROW 2100 PRINCIPAL ROW

3. Mailing Address

2100 PRINCIPAL ROW

Suite, Apt. #, etc.

402

Suite, Apt. #, etc.

402

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32837

Country

USA

Zip

32837

Country

USA

4. FEI Number

59-3577195

Applied For

Not Applicable

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

ANISH, KATHLEEN
1271 LAQUINTA DR., #4
ORLANDO FL 32809

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	ANISH, KATHLEEN	
STREET ADDRESS	1271 LAQUINTA DR., #4	
CITY - ST - ZIP	ORLANDO FL 32809	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIBLER, ROBERT L	
STREET ADDRESS	3337 BARTLETT BLVD.	
CITY - ST - ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00

Date

407-925-6603

Daytime Phone #

CR2E034 (9/99)