

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90136 037 ***150.00

DOCUMENT # P99000094595

1. Entity Name
LANDMARK CUSTOM RANCHES, INC.



Principal Place of Business
**3120 SW 187TH TERRACE
MIRAMAR FL 33029**

Mailing Address
**3120 SW 187TH TERRACE
MIRAMAR FL 33029**



2. Principal Place of Business
13190 Stirling Road
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
S.W. Ranches FL
Zip
33330
Country
U.S.A.

City & State

4. FEI Number
65-0956378

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BELL, RICHARD
3120 SW 187 TERRACE
MIRAMAR FL 33029**

**13190 Stirling Road
S.W. Ranches, FL
33330**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BELL, RICHARD**
STREET ADDRESS **3120 SW 187TH TERRACE**
CITY-ST-ZIP **MIRAMAR FL 33029**
13190 Stirling Road
S.W. Ranches, FL
33330

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

TITLE **D** ☐ Delete
NAME **NUDELMAN, JEFF**
STREET ADDRESS **3120 SW 187TH TERRACE**
CITY-ST-ZIP **MIRAMAR FL 33029**
13190 Stirling Road
S.W. Ranches, FL
33330

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03
Date

(954) 689-0454
Daytime Phone #

CR2E034 (10/02)