FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 19, 2001 8:00 am Secretary of State **DOCUMENT # \$78040** LANDMARK REAL ESTATE OF PBC, INC. 01-19-2001 90082 023 ***150.00 Principal Place of Business W. INDIANTOWN K 81-W: INDIANTOWN ROAD 1695 WINGIANTOWN RD. JUPITER FL 33458 #29 C0006078 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address W. ENGLANTON VAN 1695W. INDIANTOWN Rd Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 29 Applied For City & State 4. FEI Number 65-0283169 JUDITER, FI Not Applicable \$8.75 Additional 5. Certificate of Status Desired PALM BEACL 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOHR. ERICK Street Address (P.O. Box Number is Not Acceptable) 2070 WINDWARD WAY JUPITER FL 33477 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PD CR2E034 (10/00) ■ Addition ☐ Delete TITLE ☐ Change TITLE MOHR, ERICK NAME 2070 WINDWARD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZIP TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Date

Daytime Phone #

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE