CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # 1. Entity Name

S80594

LANDCO, INC.





Principal Place of Business 2220 N DIXIE HWY BOCA RATON FL 33431		Mailing Address 2220 N DIXIE HWY # 128 BOCA RATON FL 33431)
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0284758 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent
			Name	The second secon
AEBERSOLD, ROBERT D. 2220 N DIXIE HWY			Street Addr	ress (P.O. Box Number is Not Acceptable)
BOCA RA	ATON FL 33431			,
	•		City	Zip Code
8. The above the obligation	e named entity submits this statement ations of registered agent.	for the purpose of changing i	ts registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable. (NO	TE: Registered Agent signature re	equired when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department of OFFICERS AND	of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
TITLE*	DPT CONFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	AEBERSOLD, ROBERT D. 2220 N DIXIE HWY BOCA RATON FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

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

CITY-ST-ZIP

SIGNATURE: