## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 06, 2001 8:00 am DOCUMENT # **V70287** → **Secretary of State** 1. Entity Name LANDRUM ENTERPRISES, INC. 03-06-2001 90356 021 \*\*\*150.00 Principal Place of Business Mailing Address #2 TIMBERLANE ST 5026 GALL BLVD. ZEPHYRHILLS FL 33541 TEXARKANA TX 75501 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3146738 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LANDRUM, LEE A. Street Address (P.O. Box Number is Not Acceptable) 5026 GALL BLVD. ZEPHYRHILLS FL 33541 Zip Code City 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) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition Change: ☐ Delete TITLE TITLE LANDRUM, LEE A. NAME NAME STREET ADDRESS STREET ADDRESS #2 TIMBERLANE ST CITY-ST-ZIP CITY-ST-ZIP TEXARKANA TX 75501 ☐ Change ☐ Addition ☐ Delete TITLE TITLE LANDRUM, JOYCE NAME NAME STREET ADDRESS STREET ADDRESS #2 TIMBERLANE ST CITY-ST-ZIP CITY-ST-ZIP TEXARKANA TX 75501 Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

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SIGNATURE: Signature and typed on printed NATE of Signing OFFICER OR DIRECTOR Date Date Daytime Phone #