


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90394 020 ****61.25

DOCUMENT # 713157

1. Entity Name
LPYC CORINTHIANS, INC.



Principal Place of Business
**2701 N.E. 42ND STREET
P.O. BOX 5327
LIGHTHOUSE POINT FL 33067
US**

Mailing Address
**2701 N.E. 42ND STREET
P.O. BOX 5327
LIGHTHOUSE POINT FL 33067
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0021359** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DONAIS, LEE R
3750 NE 27 AVE
LIGHTHOUSE PT FL 33064**

7. Name and Address of New Registered Agent

Name
O'BRIEN, James L.

Street Address (P.O. Box Number is Not Acceptable)
1800 S. Ocean Blvd #101

City **Pompano Beach** FL Zip Code **33062**

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 **James L. O'Brien** (Signature, typed or printed name of registered agent and title if applicable.)

James L. O'Brien (NOTE: Registered Agent signature required when reinstating)

4/10/03 DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAY, RODNEY	
STREET ADDRESS	2390 NE 28TH ST	
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DONAIS, LEE R	
STREET ADDRESS	3750 NE 27 AVE	
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROSS, JERRY A	
STREET ADDRESS	3718 NE 24TH AVE	
CITY-ST-ZIP	LIGHTHOUSE PT FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARZBERGER, THOMAS A	
STREET ADDRESS	1931 SE 19TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAUFFMAN, BRECH	
STREET ADDRESS	4411 NE 27TH AVE	
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Joseph	
STREET ADDRESS	4310 NE 23 Terrace	
CITY-ST-ZIP	Lighthouse Point FL 33064	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BRIEN, James	
STREET ADDRESS	1800 S. OCEAN BLVD #101	
CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BADER, NEIL	
STREET ADDRESS	3741 NE 31st AVE	
CITY-ST-ZIP	Lighthouse Point, FL 33064	
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		

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 617, 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: **JAMES L. O'BRIEN** (Signature required) *James L. O'Brien* **4/10/03 (954) 786-9799**

CR2E037 (10/02)