

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90010 021 ***158.75

DOCUMENT # L38289

1. Entity Name
CASH REGISTER AUTO INSURANCE OF HERNANDO CO., IN C.

Principal Place of Business

C/O LLOYD E. REGISTER
1535 N. MAITLAND AVE.
MAITLAND FL 32751-3317

Mailing Address

C/O LLOYD E. REGISTER
1535 N. MAITLAND AVE.
MAITLAND FL 32751-3317

2. Principal Place of Business

715 S. Broad Street

Suite, Apt. #, etc.

3. Mailing Address

LR3 ENTERPRISES, INC.

1535 N. MAITLAND AVENUE
MAITLAND, FL 32751

City & State

Brooksville FL.

City & State

4. FEI Number

59-2901570

Applied For

Not Applicable

Zip

34601

Country

US

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTER, LLOYD E.
1535 N. MAITLAND AVE.
MAITLAND FL 32751

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DC** ☐ Delete
NAME **REGISTER, LLOYD E.**
STREET ADDRESS **1535 N. MAITLAND AVE.**
CITY-ST-ZIP **MAITLAND FL**

TITLE **DST** ☐ Delete
NAME **PACE, ERICK**
STREET ADDRESS **1535 N MAITLAND AVE**
CITY-ST-ZIP **MAITLAND FL**

TITLE **DV** ☐ Delete
NAME **REGISTER, LLOYD E IV**
STREET ADDRESS **1535 N. MAITLAND BLVD**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/02 4072602220

CR2E034 (9/01)