## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Mar 12, 2001 8:00 am Secretary of State DOCUMENT # P00000048504 1. Entity Name LFTNB, INC. 03-12-2001 90441 040 \*\*\*150.00 Mailing Address Principal Place of Business 2729 N. BEACH RD., UNIT 212 2729 N. BEACH RD., UNIT 212 ENGLEWOOD FL 34223 ENGLEWOOD FL 34223 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TESAR, ROBERT Street Address (P.O. Box Number is Not Acceptable) 2729 N. BEACH RD., UNIT 212 **ENGLEWOOD FL 34223** 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE TITLE ☐ Delete **BROWN. PAUL** NAME NAME STREET ADDRESS 2320 OAK DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **REDWING MN 55066** ☐ Change ☐ Addition ☐ Delete TITLE TITLE FISHER, ARNOLD NAME NAME 23 W. 122ND GLENDALE TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ROSELL IL 60172 Addition [ ] Change Delete ŤĨŤLE TITLE LEE, HUGH NAME NAME STREET ADDRESS 1915 DELCREST PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 ☐ Change ☐ Addition ☐ Detete TITLE TITLE **NEHIL, LYNFORD** NAME STREET ADDRESS STREET ADDRESS P.O. BOX 280 CITY-ST-ZIP CITY-ST-ZIP **RUTHFORD NJ 07070** ☐ Change ☐ Addition ☐ Delete TITLE TITLE TESAR, ROBERT NAME NAME 2729 N. BEACH RD., UNIT 212 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ENGLEWOOD FL 34223** ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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 true e 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.

Davtime Phone #