FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90151 017 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000105291

1. Entity Name

L.M.K. INDUSTRIES, INC.

90065734

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1107 ROBERTS ST	1107 ROBERTS ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORMOND BEACH, FL	City & State: ORMOND BEACH, FL
Zip: 32174 Country:	Zip: 32174 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 32-0044312 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GREG W KUFFNER

Street Address (P.O. Box Number is Not Acceptable): 1107 ROBERTS ST

City: ORMOND BEACH FL Zip Code: 32174

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KUFFNER, GREG W
STREET ADDRESS	1107 ROBERTS ST
CITY-ST-ZIP	ORMOND BEACH, FL. 32174
TITLE	D
NAME	KUFFNER, MARY E
STREET ADDRESS	1107 ROBERTS ST
CITY-ST-ZIP	ORMOND BEACH, FL. 32174
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Greg W. K. GREG W KUFFNER 03/26/03 386-299-5540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #