

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0044780

DOCUMENT # P99000025423

1. Entity Name
LHZ ASSOCIATES, INCORPORATED

05-17-2001 90391 041 ***150.00

Principal Place of Business
**23 WENTWOOD DR
 DEBARY FL 32713**

Mailing Address
**23 WENTWOOD DR
 DEBARY FL 32713**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**4200 Sunny Brook Way
 Suite, Apt. #, etc.
 #102**

3. Mailing Address
**4200 Sunny Brook Way
 Suite, Apt. #, etc.
 #102**

City & State
Winter Springs, FL

City & State
Winter Springs, FL

4. FEI Number **59-3588599**

Applied For
 Not Applicable

Zip
32708

Country
Seminole

Zip
32708

Country
Seminole

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, ELIZABETH
 23 WENTWOOD DR
 DEBARY FL 32713**

Name
Louis P. Hernandez
 Street Address (P.O. Box Number is Not Acceptable)
4200 Sunny Brook Way #102

City
Winter Springs FL Zip Code
32708

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

DATE
5-1-01

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, 2001 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	PVST	<input type="checkbox"/> Delete
NAME	HERNANDEZ, LOUIS	
STREET ADDRESS	23 WENTWOOD DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, LOUIS	
STREET ADDRESS	23 WENTWOOD DR	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	same	
STREET ADDRESS	4200 Sunny Brook Way #102	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	same	
STREET ADDRESS	4200 Sunny Brook Way #102	
CITY-ST-ZIP	Winter Springs, FL 32708	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
5-1-01

Date

Daytime Phone #
407 695 4285

Daytime Phone #

CR2E034 (10/00)