


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90083 002 ***150.00

DOCUMENT # *V07722*

1. Entity Name
LUCAS T. I. CO.



DO NOT WRITE IN THIS SPACE

24002855

2. Principal Place of Business
314 RIO PINAR DRIVE

3. Mailing Address
314 RIO PINAR DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORMOND BEACH, FL

City & State
ORMOND BEACH, FL

Zip
32174

Country
U.S.

4. FEI Number
59-3101220

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
ROBERT A. LUCAS

Street Address (P.O. Box Number is Not Acceptable)
314 RIO PINAR DRIVE

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	<i>ROBERT A. LUCAS 314 RIO PINAR DRIVE ORMOND BEACH, FL. 32174</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Robert A. Lucas* JAN 16, 2004 1-386-671-0069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)