

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H93975

1. Entity Name

LUCE CARPENTRY CORNER, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90038 038 ***150.00

Principal Place of Business

% SUNSHINE HILL LUCE
1707 S STOCKTON ST
MELBOURNE FL 32901

Mailing Address

% SUNSHINE HILL LUCE
1707 S STOCKTON ST
MELBOURNE FL 32901-4547

00007913



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2646294**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LUCE, SUNSHINE HILL
1707 S STOCKTON ST
MELBOURNE FL 32901

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, 2000 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 ☐ Delete

NAME **D LUCE, THOMAS SPENCER**
STREET ADDRESS **1707 S STOCKTON ST**
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Delete

NAME **DS LUCE, SUNSHINE HILL**
STREET ADDRESS **1707 S STOCKTON ST**
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Delete

NAME **D MOTT, LARRY JOHN**
STREET ADDRESS **1707 S STOCKTON ST**
CITY-ST-ZIP **MELBOURNE FL**

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

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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:

Thomas Spencer Luce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 Jan 00

Date

(321) 725-9979

Daytime Phone #