

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075558

1. Entity Name

LWHB, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90080 035 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 560939
ROCKLEDGE FL 32956-0939

P.O. BOX 560939
ROCKLEDGE FL 32956-0939

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3523736**

Applied For

Not Applicable

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

HONEYCUTT, MISSTY
1810 LONG IRON DR. #308
VIERA FL 32955

LAWRENCE BLUNK
Street Address (P.O. Box Number is Not Acceptable)

1257 CREEK SIDE CIRCLE
ROCKLEDGE FL 32955

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 of President

Signature of Registered Agent and Director

Signature of Secretary

(NOTE: Register

Signature Required when Installing

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **BLUNK, LAWRENCE W**
STREET ADDRESS **1810 LONG IRON DR #308**
CITY-ST-ZIP **VIERA FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **BLUNK, LAWRENCE W**
STREET ADDRESS **1257 CREEK SIDE CIRCLE**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **VT** ☐ Delete
NAME **HONEYCUTT, MISSTY D**
STREET ADDRESS **1810 LONG IRON DR #308**
CITY-ST-ZIP **VIERA FL**

TITLE **VT** ☒ Change ☐ Addition
NAME **HONEYCUTT, MISSTY**
STREET ADDRESS **1257 CREEK SIDE CIRCLE**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: **MISSTY HONEYCUTT** **MISSTY HONEYCUTT V.P. 3/22/00** **321-633-4802**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/99)