

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90035 028 ***158.75

NOT FOR
 AV

DOCUMENT # G79946

1. Entity Name

"CASH" REGISTER AUTO INSURANCE OF WINTER GARDEN, INC.

Principal Place of Business

% LLOYD E. REGISTER
 1535 N. MAITLAND AVE
 MAITLAND FL 32751

Mailing Address

% LLOYD E. REGISTER
 1535 N. MAITLAND AVE
 MAITLAND FL 32751

00001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

417 S. Dillard Street
 Suite, Apt. #, etc.

3. Mailing Address

LR3 ENTERPRISES, INC.
 1535 N. MAITLAND AVENUE
 MAITLAND, FL 32751

City & State

Winter Garden FL

City & State

MAITLAND, FL 32751

4. FEI Number

59-2369002

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTER, LLOYD E.
 1535 N. MAITLAND AVE
 MAITLAND FL 32751

7. Name and Address of New Registered Agent

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, 2002 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	DC	<input type="checkbox"/> Delete
NAME	REGISTER, LLOYD E.	
STREET ADDRESS	507 FORESTWOOD CT.	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PACE, ERICK	
STREET ADDRESS	1535 N MAITLAND AVE	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	REGISTER, LLOYD E IV	
STREET ADDRESS	1535 N. MAITLAND AVE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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 I am empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/02

4072602220

CR2E034 (9/01)