

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 321688

1. Entity Name

LOTSPEICH CO. OF FLORIDA, INC.

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90190 014 \*\*\*150.00

0314897 AV

Principal Place of Business

6351 NORTHWEST 28 WAY  
STE A  
FT LAUDERDALE FL 33309  
US

Mailing Address

6351 NORTHWEST 28 WAY  
STE A  
FT LAUDERDALE FL 33309  
US

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

59-1171393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FEE, DAVID H.  
6351 NORTHWEST 28 WAY  
STE A  
FT LAUDERDALE FL 33309

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 C  
NAME FEE, EDWARD  
STREET ADDRESS 3100 NE 47TH COURT 10  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

☒ Delete

TITLE PS  
NAME FEE, DAVID  
STREET ADDRESS 2782 NE 27TH STREET  
CITY-ST-ZIP FORT LAUDERDALE FL 33306

☐ Delete

TITLE VP  
NAME LIGON, JERRY  
STREET ADDRESS 2600 SPANISH RIVER ROAD  
CITY-ST-ZIP BOCA RATON FL 33432

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 954-978-2388  
Date Daytime Phone #

CR2E034 (9/01)