

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 321688

1. Entity Name

LOTSPEICH CO. OF FLORIDA, INC.

FILED

Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90095 018 ***150.00

0249048

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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1171393
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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, 2001 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 P
NAME FEE, DAVID
STREET ADDRESS 2782 NE 27TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33306
Delete
TITLE VP
NAME LIGON, JERRY
STREET ADDRESS 2800 SPANISH RIVER ROAD
CITY-ST-ZIP BOCA RATON FL 33432
Delete
Delete
Delete
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Change Addition
TITLE President / Secretary
NAME Fee, David
STREET ADDRESS 2782 NE 27th Street
CITY-ST-ZIP Fort Lauderdale, FL 33306
Change Addition
Delete
Delete
Delete
Delete

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 or other like empowered.

SIGNATURE: (S)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-01

(S)

954 978-2388

Date

Daytime Phone #

CR2E034 (10/00)