Applied For

Not Applicable

## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 354549** 1. Entity Name

City & State

Tampa, FL

LMK INVESTMENTS, INC.		
Principal Place of Business	Mailing Address	
PILGRIMS PATHWAY  THE D  THE BOOK STATE OF THE STATE OF T	3225 SOUTH MACDILLAN SUITE 129-227 TAMPA FL 33629-8171 US	
2. Principal Place of Business 3225 South MacDill Avenue	3. Mailing Address	
Suite, Apt. #, etc. Suite 129-227	Suite, Apt. #, etc.	

City & State

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DO NOT WRITE IN THIS SPACE

59-1273996

4. FEI Number

Zip 33629	Country	۷ip	Country .	5. 0	Certificate of Status Desire		<b>56.73</b> Add Fee Require		
· —	USA i. Name and Address of Current R	enistered Agent	<u> </u>	7. N	lame and Address of Ne				
	. Name and Address of Current N	egistered Agent	Name	,	tame and Address of the	g			
VECUEN	LEGNADO	-	м		J. Freedman				
KESHEN LEONARD 5001 PILGRIMS PATHWAY				Street Address (P.O. Box Number is Not Acceptable) 400 N. Tampa Street, Suite 2525					
			<del>- 4</del>	<u>00 N. 1</u>	ampa Street,	Suice 25	2.5		
SUITE D									
TAMPA FL 33611		City			FL	Zip Cod 33602	e		
3. The above named entity submits this statement for the purpose of changing its registr				Tampa,			- 33002		
8. The above nam	ned entity submits this statement for	the purpose of changing its	registered office or r	egistered age	ent, or both, in the State of	r Fiorida.			
o o	$\alpha$	Z 1				4/20	/00		
SIGNATURE	Carlo de la carlo	d title d applicable (NOTE	: Registered Agent signature	a required when re	instating)	DATE			
<u>'".</u> Mi	ature, typed or printed name of registered agent an Chael J. Freedman	ic the happicable. (1012	. Hogistored Agent algument		1	<del></del>			
9. This corporation	on is eligible to satisfy its Intangible		!! FEE IS \$150.00		10. Election Campaign	Financing	\$5.0	May Be	
	rement and elects to do so.	After MAY 1, 200	00 Fee will be \$55	0.00	Trust Fund Contrib	ution		to Fees	
(See criteria or		Make Check Payab							
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO	OFFICERS AND		~	
TITLE PD		Delete	TITLE				X Change	Addition	
	SHEN LEONARD		NAME						
	01 PILGRIMS PATHWAY, SUITE	D	STREET ADDRESS	3225	South MacDill	Avenue,	Suite	129	
	MPA FL 33611		CITY-ST-ZIP	Tampa	, FL_33629				
TITLE DV		☐ Delete	TITLE				X Change	Addition	
<b>I</b>	SHEN ANNE		NAME	2225	Court W D411	A	02.	120	
	01 PILGRIMS PATHWAY, SUITE	: ט	STREET ADDRESS CITY-ST-ZIP		South MacDill	Avenue,	Suite	129	
	MPA FL 33611	<u></u>		Tampa	, FL 33629				
TITLE DS		☐ Delete	TITLE					Addition	
	SHEN MARY ANNA	· D	NAME STREET ADDRESS	3225	South MacDill	A	Cuite	120	
,	01 PILGRIMS PATHWAY, SUITE	: ט	CITY-ST-ZIP	Tampa		Avenue,	Surre	123	
10	MPA FL 33611		-	ташра	, FL 33029		☐ Change	Addition	
TITLE		☐ Delete	TITLE NAMÉ					Addition	
NAME STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
			TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
TITLE NAMÉ		☐ Delete	NAME				Onlings		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	1_		CITY-ST-ZIP						
TITLE	1,1,1	Delete	TITLE				☐ Change	Addition	
NAME		T Delete	NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
	y that the information supplied with t	his filing does not qualify for	the exemption state	d in Section	119.07(3)(i) Florida Statut	es. I further cer	ify that the i	nformation	
indicated on to	y that the information supplied with his report or supplemental report is ation or the repoiver or trustee empor	true and accurate and that mered to execute this report	ny signature shall ha as required by Chap	ve the same later 607, Flori	legal effect as if made und da Statutes; and that my n	der oath; that I a name appears in	m an officer Block 11 o	or director Block 12 if	

SIGNATURE: