

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 354549

1. Entity Name

LMK INVESTMENTS, INC.

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90035 042 ***150.00

Principal Place of Business

3225 S MACDILL AVE
STE 129-227
TAMPA FL 33629
US

Mailing Address

3225 SOUTH MACDILLAN
SUITE 129-227
TAMPA FL 33629
US

2. Principal Place of Business

3. Mailing Address

3225 So Macdill Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

129-227

City & State

City & State

Tampa, FL

Zip

Country

Zip

33629

Country

U.S.

4. FEI Number

59-1273996

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

FREEDMAN, MICHAEL J
400 N TAMPA ST, SUITE 2525
TAMPA FL 33602

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME KESHEN LEONARD
STREET ADDRESS 3225 SOUTH MACDILL AVE, STE 129
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME KESHEN ANNE
STREET ADDRESS 3225 S MACDILL AVE, STE 129
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME KESHEN MARY ANNA
STREET ADDRESS 3225 S MACDILL AVE, STE 129
CITY-ST-ZIP TAMPA FL 33629

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 live empowered.

SIGNATURE:

LEONARD M. KESHEN Leonard M Keshen, Pres.

3/20/01

828-743-6096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)