

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUL 28 AM 9:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 439431

1. Entity Name

L.C.B. Corporation



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Hillsborough County

Suite, Apt. #, etc.

N/A

City & State
Tampa, Florida

Zip
33619-8633

Country
USA

3. Mailing Address

9425 22nd Street Causeway

Suite, Apt. #, etc.

N/A

City & State
Tampa, FL

Zip
33619-8633

Country
USA

4. FEI Number
59-1512581

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

300022062143
08/05/03--01008--023 **\$600.00

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Art Knoeller

Street Address (P.O. Box Number is Not Acceptable)

9425 22nd Street Causeway

City
Tampa

FL

Zip Code
33619-8633

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Art Knoeller D
9425 22nd Street Causeway
Tampa, FL 33619

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Marie Knoeller ST
9425 22nd Street Causeway
Tampa, FL 33619

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other information required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/03

Date

813-626-7876

Daytime Phone #

CR2E034B (12/02)

7/14/03