

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90081 022 ***150.00

DOCUMENT # **443030**

1. Entity Name
L.R.P., INC.

Principal Place of Business

Mailing Address

~~6082 VISTA LINDA LANE~~
~~BOCA RATON FL 33433~~

~~P.O. BOX 886381~~
~~BOCA RATON FL 33488~~

2. Principal Place of Business

3. Mailing Address

10961 Burnt Hill Road
Suite, Apt. #, etc.
Apt 217

509 Broxton Hwy
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Fitzgerald, GA

Zip
32256 Country
US

Zip
31750 Country
US

4. FEI Number
59-1583099

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 Agent

BIRMELIN, ROBERT JR.
~~6082 VISTA LINDA LANE~~
~~BOCA RATON FL 33433~~

Name
Birmelin, Robert, Jr.
Street Address (P.O. Box Number is Not Acceptable)
10961 Burnt Hill Road
Apt 217
City
Jacksonville **FL** Zip Code
32256

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIRMELIN, ROBERT C 6082 VISTA LINDA LANE BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIRMELIN, REGINA C 6082 VISTA LINDA LANE BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIRMELIN, ROBERT C JR 6082 VISTA LINDA LANE BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIRMELIN, PHILIP S 6082 VISTA LINDA LANE BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD Birmelin, Regina C 10961 Burnt Hill Road Apt 217 Jacksonville, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD Birmelin, Robert C Jr 10961 Burnt Hill Road Apt 217 Jacksonville, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD Birmelin, Philip S 10961 Burnt Hill Road Apt 217 Jacksonville, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date _____ Daytime Phone # _____

CP2E034 (9/01)