

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 517676

1. Entity Name

LMB, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90024 045 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 547853  
ORLANDO FL 32854-7853

P.O. BOX 547853  
ORLANDO FL 32854-7853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1279484

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

BRADSHAW, C. E. JR.  
1216 N PARK AVENUE  
WINTER PARK FL 32789

Name  
Bradshaw, C.E. Jr.

Street Address (P.O. Box Number is Not Acceptable)  
22051 N. O'Brien Rd.

City  
Howey-in-the-Hills

FL

Zip Code  
34737

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, 2000 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 BRADSHAW, C. E. JR.  
STREET ADDRESS 1216 N PARK AVENUE  
CITY-ST-ZIP WINTER PARK FL

TITLE PD ☒ Change ☐ Addition  
NAME Bradshaw, C.E. Jr.  
STREET ADDRESS 22051 N. O'Brien Rd.  
CITY-ST-ZIP Howey-in-the-Hills, FL. 34737

TITLE ST ☐ Delete  
NAME SUGGS, JEAN S.  
STREET ADDRESS 26603 W. COVE DR.  
CITY-ST-ZIP TAVARES FL

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

TITLE VP ☐ Delete  
NAME SHAW, JACK  
STREET ADDRESS 315 MAGNOLIA STREET  
CITY-ST-ZIP NEW SMYRNA BEACH FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/00 (352) 429-4145

CR2E034 (9/99)