## **FILED 2001 UNIFORM BUSINESS REPORT (UBR)** May 22, 2001 8:00 am Secretary of State **DOCUMENT # 524320** 1. Entity Name 05-22-2001 90687 001 \*\*\*150.00 LEZGUS, INC. 05-22-2001 90687 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 11170 BONITA BEACH ROAD 11170 BONITA BEACH ROAD BONITA SPRINGS FL 34135 **BONITA SPRINGS FL 34135** US 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 59-1814483 Applied For Not Applicable **(**Jountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEZGUS, EUGENE Street Address (P.O. Box Number is Not Acceptable) 1689 BONITA COURT NAPLES FL 33942 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE □ Delete TITLE ☐ Change Addition LEZGUS, EUGENE NAME NAME 1689 BONITA COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF NAPLES FL ☐ Delete TITLE Change Addition TITLE LEZGUS, EUGENE E III NAME NAME 3255 13TH AVE SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP Change Addition TITLE Delete TITLE LEZGUS, KATHY L NAME NAME 3255 13TH AVE SW STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-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 like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

☐ Change

☐ Addition