

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90383 029 ***150.00

DOCUMENT # 612755

1. Entity Name

LEHMAN MANUFACTURING COMPANY, INC.

Principal Place of Business

3700 NE 6TH DRIVE
 BOCA RATON FL 33431

Mailing Address

3700 NE 6TH DRIVE
 BOCA RATON FL 33431-6114

A0017822



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

399 NW 2nd Avenue

Suite, Apt. #, etc.

City & State

City & State
 Boca Raton, Florida

4. FEI Number **22-1868987**

Applied For
 Not Applicable

Zip Country

Zip Country
 33432 USA

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

LEHMAN, ROGER
3700 NE 6TH DRIVE
BOCA RATON FL 33431

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, 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	LEHMAN, ROGER	
STREET ADDRESS	3700 NE 6TH DR	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEHMAN, JEANNE A	
STREET ADDRESS	3700 NE 6TH DR	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEHMAN, JOAN T	
STREET ADDRESS	76 LAIGHT ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> Delete
NAME	RHINE, SCOTT T	
STREET ADDRESS	399 N.W. BOCA RATON BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: Scott J. Rhine **SCOTT T. RHINE TRUST**, 2/1/00 561-392-7929
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #