

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 691358

1. Entity Name

LESA INVESTMENTS, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90005 023 ***550.00

Principal Place of Business

Mailing Address

9 MARLWOOD LANE
PALM BEACH GARDENS FL 33418
US

P.O. BOX 1217
JUPITER FL 33468-1217
US

2. Principal Place of Business

17190 Jupiter Farms Rd. 312 So. Old Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 209

City & State

Jupiter, FL.

City & State

Jupiter, FL.

4. FEI Number

59-2121899

Applied For

Not Applicable

Zip

33478

Country

USA

Zip

33458

Country

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

ZAMFT, LARY VON
9 MARLWOOD LANE
PALM BEACH GARDENS FL 33418

Name

LARY F. VON ZAMFT

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

17190 JUPITER FARMS RD.

City

Jupiter

FL

Zip Code

33478

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 PSTD ☐ Delete
NAME VON ZAMFT, LARY
STREET ADDRESS 9 MARLWOOD LANE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE P, S, T, D. ☒ Change ☐ Addition
NAME LARY F. VON ZAMFT
STREET ADDRESS 17190 JUPITER FARMS RD.
CITY-ST-ZIP JUPITER, FL. 33478

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EQ34 (9/99)