

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

FO00000002017  
LSH CONSTRUCTION, INC.

**FILED**

02 APR -9 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

18 WALL STREET

3. Mailing Address

Suite, Apt. #, etc.  
P.O. Box 3826

Suite, Apt. #, etc.

S/O R.S. RUTA ESQ

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32801

Country

ORANGE

Zip

32802

Country

ORANGE

4. FEI Number

76-0548189

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name R.S. RUTA, ESQ

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

18 WALL STREET

City

ORLANDO

FL

Zip Code

32801

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 PRESIDENT  
NAME L.S. HOWELL  
STREET ADDRESS 2427 DOGWOOD DRIVE  
CITY-ST-ZIP NALOGDACHEES, TX 75961

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 300005452223--7  
-05/08/02--01024--007  
\*\*\*\*150.00 \*\*\*\*150.00

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lloyd S. Howell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 APR 02

Date

713 320-6540

Daytime Phone #

CR2E034B (12/01)