

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90197 026 ***158.75

DOCUMENT # F02000001459

1. Entity Name
LHI HOLDINGS, INC.



Principal Place of Business
7100-39 FAIRWAY DR. UNIT #206
PALM BEACH GARDENS FL 33418

Mailing Address
7100-39 FAIRWAY DR. UNIT #206
PALM BEACH GARDENS FL 33418



2. Principal Place of Business

3. Mailing Address

4512 N FLAGLER DR.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
WEST PALM BEACH, FL

City & State

4. FEI Number APPLIED FOR
01-0655237

Applied For
Not Applicable

Zip
33407

Country
PALM BEACH

Zip

Country

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

RABIDEAU, GUY
125 WORTH AVE STE 310
PALM BEACH FL 33480

Name
MARK R. MAY

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

4512 N FLAGLER DR.

City
WEST PALM BEACH

FL

Zip Code
33407

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPS
MAY, MARK R
7100-39 FAIRWAY DR, UNIT #206
PALM BEACH GARDENS FL 33418 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KAROSAS, MICHAEL
7100-39 FAIRWAY DR, UNIT #206
PALM BEACH GARDENS FL 33418 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
COVE, MICHAEL
7100-39 FAIRWAY DR, UNIT #206
PALM BEACH GARDENS FL 33418 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-12-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)