

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90245 044 ***150.00

DOCUMENT # F04520

1. Entity Name
L.K.S. ASSOCIATES, INC.



Principal Place of Business
3270 SE 58TH AVE #2
OCALA FL 34471-9382
US

Mailing Address
3270 SE 58TH AVE #2
OCALA FL 34471-9382
US



2. Principal Place of Business

1721 SE 16TH AVE Ste 101

Suite, Apt. #, etc.

Ocala FL

City & State

3. Mailing Address

1721 SE 16TH AVE Ste 101

Suite, Apt. #, etc.

Ocala FL

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2048229**

Applied For
Not Applicable

Zip
34471

Country
USA

Zip
34471

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SAUEY, LAWRENCE K.

3270 SE 58TH AVE #2 **1721 SE 16TH AVE Ste 101**
OCALA FL 34471

7. Name and Address of New Registered Agent

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

SIGNATURE **LAWRENCE K SAUEY PRES**

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

Lawrence K Sauey

(NOTE: Registered Agent signature required when reinstating)

1/24/03

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

TITLE **PD** ☐ Delete
NAME **SAUEY, LAWRENCE K**
STREET ADDRESS **3270 SE 58TH AVE #2**
CITY-ST-ZIP **OCALA, FL 00000 34471**

TITLE **STD** ☐ Delete
NAME **SAUEY, MARILYN L**
STREET ADDRESS **3270 SE 58TH AVE #2**
CITY-ST-ZIP **OCALA, FL 00000 34471**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1721 SE 16TH AVE Ste 101**
CITY-ST-ZIP

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

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 **LAWRENCE K SAUEY PRES** **1/24/03** **352 6242000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)