

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F31868

1. Entity Name

L.C.M., INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90036 001 ***150.00

Principal Place of Business

Mailing Address

~~2402 METRO DR.~~
RUSKIN FL 33570
US

123 CASTILLO RD

P. O. BOX 7500
SUN CITY FL 33586
US

709900



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

123 CASTILLO RD

Suite, Apt. #, etc.

RUSKIN, FL

City & State

4. FEI Number 59-2092565

Applied For

Not Applicable

Zip

Country

3-3-570

U.S.

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

FABER, RUSSELL C
2402 METRO DR.
RUSKIN FL 33570

Name

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

123 CASTILLO RD

City

RUSKIN

FL

Zip Code

33570

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVS
FABER, RUSSELL C
2402 METRO DR.
RUSKIN FL 33570 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
FABER, LINDA D
2402 METRO DR
RUSKIN FL 33570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
123 CASTILLO RD.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: Russell C Faber RUSSELL C. FABER 1/30/01 813-645-9533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)