

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003524

1. Entity Name

LBN INVESTMENTS, INC.

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90155 027 ***150.00

Principal Place of Business

15310 AMBERLY DR
STE 250-26
TAMPA FL 33647

Mailing Address

15310 AMBERLY DR
STE 250-26
TAMPA FL 33647

2. Principal Place of Business

310 South Dale Mabry
Suite, Apt. #, etc.
#220

3. Mailing Address

310 South Dale Mabry
Suite, Apt. #, etc.
#220

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33609

Country

Zip

33609

Country

USA

4. FEI Number

59-3317246

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
PTS
LANZA, ROBERT W
15310 AMBERLY DR STE 250-26
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
310 South Dale Mabry (#220)
Tampa FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LBN Investments, Inc.
310 S. Dale Mabry, Suite 220
Tampa, Florida 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

ROBERT W LANZA

1/29/01

813 414-0390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)