

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000354

1. Entity Name

LT GROUND ZERO, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90131 047 ***150.00

Principal Place of Business

100 CORPORATE PKWY., STE. 426
AMHERST NY 14226

Mailing Address

100 CORPORATE PKWY., STE. 426
AMHERST NY 14226-1200

2. Principal Place of Business

6020 NORTH BAILEY

Suite, Apt. #, etc.

Suite 2

City & State

AMHERST, NEW YORK

Zip

14226

Country

USA

3. Mailing Address

PO BOX 930

Suite, Apt. #, etc.

City & State

AMHERST, NEW YORK

Zip

14226

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

16-1526715

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

KESSLER, ANN K
12727 SW 66 TERR.
MIAMI FL 33183

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.

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, 2000 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	C	<input type="checkbox"/> Delete
NAME	KESSLER, JAMES J	
STREET ADDRESS	6020 N. BAILEY AVE., STE. 2	
CITY-ST-ZIP	AMHERST NY 14226	
TITLE	S	<input type="checkbox"/> Delete
NAME	KESSLER, BARBARA L	
STREET ADDRESS	55 EAGLESFIELD WAY	
CITY-ST-ZIP	FAIRPORT NY 14450	
TITLE	P	<input type="checkbox"/> Delete
NAME	KESSLER, JAMES J	
STREET ADDRESS	100 CORPORATE PKWY., STE. 426	
CITY-ST-ZIP	AMHERST NY 14226	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6020 N. BAILEY AVE., STE. 2	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)