

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90047 014 \*\*\*150.00

**DOCUMENT # G23711**

1. Entity Name

**LEMAR CONSTRUCTION, INC.**

Principal Place of Business

**15677-97TH DR  
JUPITER FL 33478  
US**

Mailing Address

**PO BOX 3382  
TEQUESTA FL 33469  
US**

2. Principal Place of Business

**315 Commerce way**

Suite, Apt. #, etc.

3. Mailing Address

**(SAME)**

Suite, Apt. #, etc.

City & State

**JUPITER FL**

City & State

4. FEI Number

**59-2269016**

Applied For

☐ Not Applicable

Zip

**33458**

Country

**FL**

Zip

**3**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KERN, RICHARD L.**

**17297-102 TERRACE N. 315 Commerce way  
JUPITER FL 33478 33458**

7. Name and Address of New Registered Agent

Name

**RICHARD L. KERN**

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

**315 Commerce way**

City

**JUPITER**

FL

Zip Code

**33458**

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

**RICHARD L. KERN**

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

(NOTE: Registered Agent signature required when reinstating)

**01-08-02**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KERN, RICHARD L</b>	
STREET ADDRESS	<b>15677-97TH DR 315 Commerce way</b>	
CITY-ST-ZIP	<b>JUPITER FL 33478 33458</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**01-08-02**

Date

**561-746-0496**

Daytime Phone #

CR2E034 (9/01)