

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G52119**

1. Entity Name

LSLT CHURCHWELL, INCORPORATED**FILED**
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90095 044 ***150.00

Principal Place of Business

Mailing Address

6608 E. HWY. 22
PANAMA CITY FL 32404**6608 E. HWY. 22**
PANAMA CITY FL 32404-9522

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2304978

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****CHURCHWELL, LARRY J.**
2541 FEROL LANE
LYNNHAVEN FL 3244

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 State10. 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	CHURCHWELL, LARRY	2541 FEROL LANE	LYNN HAVEN FL	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	V	CHURCHWELL, SHARON L	2541 FEROL LANE	LYNN HAVEN FL	<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	V	ALLEN, BILL	410 S PAL ALTO AVE.	PANAMA CITY FL 32401	<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	TS	DAUPHIN, MONTE	2036 ORLANDO ROAD	PANAMA CITY FL 32405	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)