

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90065 008 ***550.00

DOCUMENT # G52119

1. Entity Name
LSLT CHURCHWELL, INCORPORATED

Principal Place of Business
1002 W 23RD ST SUITE 220
PANAMA CITY FL 32405

Mailing Address
1002 W 23RD ST SUITE 220
PANAMA CITY FL 32405

2. Principal Place of Business
2583 HUNTCLIFF LANE

3. Mailing Address
P.O. Box 149

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PANAMA CITY, FL

City & State
PANAMA CITY, FL

4. FEI Number **59-2304978**

Applied For
 Not Applicable

Zip **32405** Country **Bay**

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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

BROOKS, G.T. III
1002 W 23RD ST SUITE 220
PANAMA CITY FL 32405

Name
 Street Address (P.O. Box Number is Not Acceptable)
2583 HUNTCLIFF LANE
 City **PANAMA CITY** **FL** Zip Code **32405**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **G. Thomas Brooks III, Custodian** **G. Thomas Brooks III**

9-10-02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **CAC** ☐ Delete
 NAME **BROOKS, G T III**
 STREET ADDRESS **1002 W 23RD ST SUITE 220**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ Change ☐ Addition
 NAME **2583 HUNTCLIFF LANE**
 STREET ADDRESS **PANAMA CITY FL 32405**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: **G. Thomas Brooks III, Custodian**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-02
 Date

850-785-6153
 Daytime Phone #

CR2E034 (4/02)