

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G92415

1. Entity Name
L.B.M., INC.

Principal Place of Business
248 HWY 27
SOUTH BAY FL 33493

Mailing Address
110 US HWY 27 N
LAKE PLACID FL 33852
US

2. Principal Place of Business

3. Mailing Address

110 US Hwy 27 No
Suite, Apt. #, etc.
LAKE PLACID, FL 33852
City & State
LAKE PLACID, FL
Zip 33852 Country USA

Same
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2467499

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

MCMILLAN, LARRY
1514 LAKE CLAY DR
LAKE PLACID FL 33852

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 fee if applicable.

(NOTE: Registered Agent Signature required when re-registering)

DATE

Larry McMillan

1/2/01

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	P	<input type="checkbox"/> Delete
NAME	MCMILLAN, LARRY	
STREET ADDRESS	1514 LAKE CLAY DR	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCMILLAN, BARBARA	
STREET ADDRESS	1514 LAKE CLAY DR	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVID EVANS	
STREET ADDRESS	HC 61, Box	
CITY-ST-ZIP	Clewiston, FL 33448	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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

BARBARA MCMILLAN 1/2/01

863-699-2453

CR2E034 (10/00)

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