

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90519 038 ***150.00

0508003
AV

DOCUMENT # G92415

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



Principal Place of Business
**110 US HWY 27 N
LAKE PLACID FL 33852**

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

11004103



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
St. Myers, FL

City & State

4. FEI Number **59-2467499**

Applied For
Not Applicable

Zip
33912

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCMILLAN, LARRY
1514 LAKE CLAY DR
LAKE PLACID FL 33852**

7. Name and Address of New Registered Agent

Name **McMillan, Larry**
Street Address (P.O. Box Number is Not Acceptable)
163 SE 16th St.
City **Cape Coral** FL **33990**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MCMILLAN, LARRY**
STREET ADDRESS **1514 LAKE CLAY DR**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **ST** ☐ Delete
NAME **MCMILLAN, BARBARA**
STREET ADDRESS **1514 LAKE CLAY DR**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **LARRY MCMILLAN**
STREET ADDRESS **163 SE 16th St.**
CITY-ST-ZIP **Cape Coral, FL 33990**

TITLE ☒ Change ☐ Addition
NAME **BARBARA MCMILLAN**
STREET ADDRESS **163 SE 16th St.**
CITY-ST-ZIP **Cape Coral, FL 33990**

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

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

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

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

12. 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 10 or Block 11 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 #

4/16/03 **(239) 274-0144**

CR2E034 (10/02)