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2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 JUN 22 PM 3:39

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

00000000



DO NOT WRITE IN THIS SPACE

DOCUMENT # H04954

1. Entity Name
LEHMAN & ASSOCIATES, INC.

Principal Place of Business Mailing Address
SUN CITY FL 33586 P. O. BOX 7096
SUN CITY FL 33586-7096

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 **59-2423097** 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

LEHMAN, THOMAS R
2615 RIVER BEND DR.
RUSKIN FL 33570

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 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 State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

LEHMAN, THOMAS R
2615 RIVERBEND DR.
RUSKIN FL 33570

LEHMAN, JOHN D
6470 MOURING DOVE DR.
BRADENTON FL 34210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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*****8.75*****8.75

TS

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: *Thomas R. Lehman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00 813 645-1093
Date Daytime Phone #

PAID

Division of Corporations
P.O. Box 6327
Tallahassee, Florida
32314

06-26-00

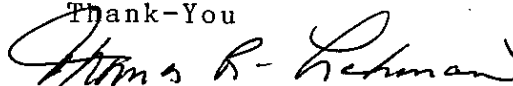
Subject: LEHMAN & ASSOCIATES, INC.

Reference Number: H04954

ATTN: TYRONE SCOTT

Our Annual report was postmarked 5-1-00 Please wave the
400.00 late fee.

Thank-You



Thomas R. Lehman
Lehman & Associates, Inc.