6/13/00-90006-032-$150.00-$150.00 PAYC 1 of 2

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H04954

FILED
00 JUN 22 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

1. Entity Name
LEHMAN & ASSOCIATES, INC.

Principal Place of Business
OLD U S 41S
CITY FL 33586

Mailing Address
P. O. BOX 7095
SUN CITY FL 33586-7095

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
LEHMAN, THOMAS R
2615 RIVER BEND DR.
RUSKIN FL 33570

7. Name and Address of New Registered Agent
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
P ☐ Delete LEHMAN, THOMAS R 2615 RIVERBEND DR. ST ZIP RUSKIN FL 33570	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
ST: ☐ Delete LEHMAN, JOHN D 6470 MOURING DOVE DR. ST ZIP BRADENTON FL 34210	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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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 5-1-00 813 645-1083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PAGE 20 OF 2

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

Thomas R. Lehman
Lehman & Associates, Inc.