

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90227 006 ***150.00

0604100 AV

DOCUMENT # H38995

1. Entity Name
LENZ CONTRACTING CORP.



Principal Place of Business
**1198 S.E. MONORES AVE.
PORT ST. LUCIE FL 34952-5359**

Mailing Address
**1198 S.E. MONORES AVE.
PORT ST. LUCIE FL 34952-5359**



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 **59-2508587**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LENZ, RONALD L.
1198 S.E. MONORES AVE.
PORT ST. LUCIE FL 34952-5359**

Name

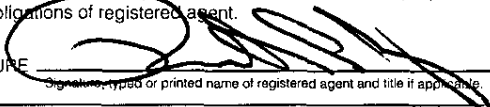
Street Address (P.O. Box Number is Not Acceptable)

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

SIGNATURE 
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-8-2003

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **LENZ, RONALD L**
STREET ADDRESS **1198 S.E. MENORES AVE.**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952-5359**

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

TITLE **DS** ☐ Delete
NAME **LENZ, CHRISTINE**
STREET ADDRESS **1198 SE MENDORES AVE**
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 ☐ Delete
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-8-03 772 398 1225

CR2E034 (10/02)

Attestation
80118995

LENZ CONTRACTING CORP.

1198 S.E. MENORES AVE. * PORT ST. LUCIE, FL 34952
PHONE: 772-398-1225 FAX: 772-335-9289 CELL: 772-971-6785
ronlenz@atlantic.net



May 7, 2003

Divisions of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Ref: Lenz Contracting Corp.
Document No. H38995

FEI No. 59-2508587

To Whom It May Concern:

Please accept our apology for this report of filing being a few days late. Unforeseen circumstances occurred with us having to leave the state for several days without prior notice due to an illness in the family.

I called your office upon returning and explained the situation to Mario and he has suggested that it would be alright if I sent a letter explaining our situation.

Please find enclosed a check in the amount of \$150.00 for the filing fee.

Sincerely,

Christine Lenz
Secretary