

LBS DE COSTA, INC.



Principal Place of Business
4700 BABCOCK ST. N.E.
SABAL PALM SQUARE
PALM BAY FL 32905

Mailing Address
4700 BABCOCK ST. N.E.
SABAL PALM SQUARE
PALM BAY FL 32905

FILED
Feb 02, 2007 08:00 AM



1st MOORE CR2E034 (10/06)

4. FEI Number **59-2589435** ☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DECOSTA, STEPHEN
159 NEMO CIRCLE N.E.
PALM BAY FL 32907

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME P
STREET ADDRESS DECOSTA, STEPHEN
CITY- ST- ZIP 159 NEMO CIRCLE N.E.
PALM BAY FL 32907

TITLE ☐ Delete
NAME VD
STREET ADDRESS DECOSTA, ROBERT
CITY- ST- ZIP 329 HURST RD, N.E.
PALM BAY FL

TITLE ☐ Delete
NAME TS
STREET ADDRESS DECOSTA, LEANDER
CITY- ST- ZIP 1015 BARELAY CT.
MELBOURNE FL 32940

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 10

☐ Change ☐ Addition
U000000617749
02/08/07-80002-005 150.00

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

☐ Change ☐ Addition
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CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Robert DeCosta Robert DeCosta 1-30-07 321-725-5710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #