

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J06176

1. Entity Name

L G M, INCORPORATED

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90082 018 ***150.00

Principal Place of Business

KARLTON E DICKEY
15 S.E. 2ND AVE.
DEERFIELD BCH. FL 33441

Mailing Address

KARLTON E DICKEY
15 S.E. 2ND AVE.
DEERFIELD BCH. FL 33441-3949

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-2671625

Applied For
Not Applied

Zip

Country

Zip

Country

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

DICKEY, KARLTON E.
15 SE 2ND AVE
DEERFIELD BCH. FL 33441

Name Karlton E. Dickey

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

453 NW 46th Ave.

City Deerfield Beach, FL Zip Code 33442

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.

SIGNATURE

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME DICKEY, KARLTON E.
STREET ADDRESS 5842 VISTA LINDA LN
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE DP
NAME Karlton E. Dickey
STREET ADDRESS 453 NW 46th Ave.
CITY-ST-ZIP Deerfield Beach, FL 33442 ☒ Change ☐ Add

TITLE DTS
NAME DICKEY, JACQUELINE P.
STREET ADDRESS 5842 VISTA LINDA LN
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE
NAME JACQUELINE Dickey
STREET ADDRESS 4149 SAN YSIDRO WAY
CITY-ST-ZIP ROCKLEDGE FL 32955 ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

13. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-00 954-481-8670