

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am  
Secretary of State

02-07-2001 90189 019 \*\*\*150.00

DOCUMENT # J06176

1. Entity Name

L G M, INCORPORATED

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

2. Principal Place of Business

3. Mailing Address

453 NW 46th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Deerfield Beach, FL

Zip

Country

Zip

Country

33442

USA

4. FEI Number 59-2671625

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

DICKEY, KARLTON E.  
453 NW 46TH AVE  
DEERFIELD BCH. FL 33441

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.

SIGNATURE

Karlton E. Dickey

2-04-01

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, 2001 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	<input type="checkbox"/> Delete
NAME	DICKEY, KARLTON E.	
STREET ADDRESS	5842 VISTA LINDA LN	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	DICKEY, JACQUELINE P.	
STREET ADDRESS	5842 VISTA LINDA LN	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karlton E. Dickey	
STREET ADDRESS	453 NW 46th Ave.	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	DTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dickey, Jacqueline P.	
STREET ADDRESS	4149 Sandyside Way	
CITY-ST-ZIP	Rockledge, FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

2-04-01 954.481.8670

CR2E034 (10/00)