FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 AUG -8 AM 10:38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

200007113802--6
-08/14/02--01067--027
***150.00 ***150.00

DOCUMENT # J10194

1. Entity Name
Lackmann Management of Florida Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
303 Crossways Park Drive	303 Crossways Park Drive
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Woodbury, New York	City & State: Woodbury, New York
Zip: 11797 Country: USA	Zip: 11797 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2814996 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent
Name: Corporate Access Inc.
Street Address (P.O. Box Number Is Not Acceptable): 236 East 6th Avenue
City: Tallahassee FL Zip Code 32303

DO NOT WRITE IN THIS SPACE

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President	TITLE	
NAME	Thomas F. Lackmann	NAME	
STREET ADDRESS	303 Crossways Park Drive	STREET ADDRESS	
CITY-ST-ZIP	Woodbury, New York 11797	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 3 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] CEO Thomas F. Lackmann 8-01-02 (516) 364-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LACKMANN
CULINARY SERVICES

July 30, 2002

Department of State
236 East 6th Avenue
Tallahassee, Florida 32303

RE: Lackmann Management of Florida Inc. FEI Number: 11-2814996

To Whom It May Concern:

Enclosed, please find our 2002 For Profit Corporation UBR. Please be advised we never received the original form and only became aware we were late in filing when our Agent notified us.

Accordingly, we respectfully request a waiver of the late filing fee.

Sincerely,

Michael D. Mines

Senior Vice President, Finance

Enclosures (2)
MDM:as

303 Crossways Park Drive • Woodbury • NY 11797 • 516.364.2300 • 516.364.9788 Fax

CORPORATE ACCESS, INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 8/8/02 Linda

____ **CERTIFIED COPY** ____ ____ **CUS** ____

✓ **PHOTO COPY** ____ ✓ **FILING** URB

1.) LACKMANN Food Service Inc.
(CORPORATE NAME & DOCUMENT #)

2.) LACKMANN Management of Florida Inc.
(CORPORATE NAME & DOCUMENT #)

3.) ____
(CORPORATE NAME & DOCUMENT #)

4.) ____
(CORPORATE NAME & DOCUMENT #)

5.) ____
(CORPORATE NAME & DOCUMENT #)

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DIVISION OF CORPORATIONS

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