

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J17639

1. Entity Name

R.F. LUSA & SONS SHEET METAL INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90012 046 ***158.75

Principal Place of Business

Mailing Address

1724 FAIRBANKS ST
LAKELAND FL 33805
US

P O BOX 8058
LAKELAND FL 33802
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2684635

Applied For

Not Applicable

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

ROBERT F. LUSA, JR.
5305 LAKE LUTHER RD.
LAKELAND FL 33805

Name Robert F. Lusa Jr.

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

5607 Canvas Back Place

City Lakeland

FL

Zip Code 33805

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)

4/28/2000

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

T
LUSA, ROBERT F., JR.
1405 TIMBERIDGE DRIVE
LAKELAND FL 33809 ☐ Delete

☐ Change ☐ Addition

S
LUSA, JOSEPH E.
1210 HAMMOCK SHADE DR.
LAKELAND FL 33809 ☒ Delete

President
Lusa, Joseph E.
1210 Hammock Shade Dr.
Lakeland FL 33809 ☒ Change ☐ Addition

VP
LUSA, NORMA G.
5305 LK. LUTHER ROAD
LAKELAND FL 33805 ☒ Delete

☐ Change ☐ Addition

D
COLLINS, DENNIS M
4401 SUGARTREE DRIVE WEST
LAKELAND FL 33813 ☒ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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

4/28/2000

863-682-0798

Date

Daytime Phone #