## 2001 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

DOGUMENT # K54925  1. Entity Name  LMR 396 CORP.						FILED  INVISION OF CORPORATIONS  OI OCT 17 AM 9: 08			
Principal Place of Business 4226-3 FOWLER ST. P.O. BOX 339 FT. MYERS FL 33902-0339 US		Mailing Address 4226-3 FOWTER ST FORT MYERS FL 33901 US					14 <b>818</b> 11 81 <b>8</b> 21 <b>818</b> 11 <b>8</b>		
2. Principal Place of Business		3. Mailing Address					,, <b>.</b> , ., .		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				EINICTATE WILLIAM SPACE			
City & State		City & State		4.	FEI Number <b>65-0092904</b>	No.	oplied For ot Applicable		
Zip	Country	Zip	Count	ry		Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current F	Registered Agent		Alessa	7. 1	Name and Address of New Registere	ed Agent		4
ROSS, MATT 4226-3 FOWLER ST FT. MYERS FL 33901				Street Addr	ess (P.O. I	Box Number is Not Acceptable)	<u> </u>		
	•			City		F	Zip Cod	е	1. ~
Tax filing (See crite	Signature, typed or printed name of registered agent at coration is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	FILE NOW! After September 12 Make Check Payab	!! FEE , 2001 F	ee will be \$	750.00 State	10. Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	May Be	_
11.	OFFICERS AND D	DIRECTORS	12.		AD	ODITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	- ↓
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LABODA, BRUCE 2844 VALENCIA WAY FT MYERS FL	☐ Delete			\ <i>Q</i>	110/05	☐ Change	Addition	R2E034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LABODA, GERALD 2844 VALENCIA WAY FT. MYERS FL	□ Delete		l l	1	1 10 0	☐ Change	☐ Addition	p
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, MATT- 4226 3 FOWLER ST. FT. MYERS FL	□ Delete				300004654 -10/26/01 ****750.00	# <del>1                                   </del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	1	l			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	T ADDRESS ST-ZIP			☐ Change	☐ Addition	
13. I hereby of indicated of the correctanged,	certify that the information supplied with to on this report or supplemental report is poration or the receiver or trustee empty, or on an attachment with an end to say	his filing does not qualify for true and accurate and that m wered to execute this report itt all other like empowered	the exen ly signatu as require	nption stated ure shall have ed by Chapte	in Section the same r 607, Flori	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; that ida Statutes; and that my name appeal	certify that the in t I am an officer is in Block 11 or	nformation or director Block 12 if	