

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K70468

1. Entity Name  
LCPI COMMUNICATIONS, INC.

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90001 002 \*\*\*150.00

Principal Place of Business  
1234 COURT ST  
SUITE B  
CLEARWATER FL 33756  
US

Mailing Address  
1525 LINWOOD DR  
CLEARWATER FL 33755  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2947218

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

LEWIS, RONALD E.  
1525 LINWOOD DR.  
CLEARWATER FL 34615

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	LEWIS, RONALD E.	
STREET ADDRESS	1525 LINWOOD DR.	
CITY-ST-ZIP	CLEARWATER FL 34615	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEWIS, MARIE	
STREET ADDRESS	1525 LINWOOD DR	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/00 727-461-6674

Date

Daytime Phone #

CR2E034 (5/00)

Attachment # K70468  
A00709800



To Whom It May Concern:

My wife and I have two corporations, LCPI Communications and Good Buy Travel. We are located at the same address, 1234 Court Street Suite B Clearwater, FL. 33756

On March 5th we wrote two checks for \$150 payable to the Division of Corporations. LCPI was check number 267 and Good Buy Travel was #2579.

We mailed both reports and checks in the same envelope on March 6, 2000

Good Buy Travel was processed OK but LCPI was not. The check has not cleared the bank, therefore, I have enclosed another check for \$150.00 as I do not feel it is our fault that the report was not processed.

You may call me at 1-727-461-6674 if necessary.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Ron Lewis', written over a horizontal line.

Ron Lewis