

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # K70468**1. Entity Name
LCPI COMMUNICATIONS, INC.

| | |
|-----------------------------|-----------------|
| Principal Place of Business | Mailing Address |
| 1234 COURT ST | 1525 LINWOOD DR |
| SUITE B | |
| CLEARWATER FL | CLEARWATER FL |
| 33756 US | 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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLEWIS, RONALD E.
1525 LINWOOD DR.CLEARWATER FL
34615 US**7. Name and Address of New Registered Agent**Name
LEWIS RONALD EPRESIDEStreet Address (P.O. Box Number is Not Acceptable)
1525 LINWOOD DR.City
CLEARWATER FL Zip Code
34615

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 **R.E. LEWIS****04/20/2001**

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 | VP | <input type="checkbox"/> Delete |
| NAME | LEWIS MARIE | |
| STREET ADDRESS | 1525 LINWOOD DR | |
| CITY-ST-ZIP | CLEARWATER FL 33755 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | LEWIS, RONALD E. | |
| STREET ADDRESS | 1525 LINWOOD DR. | |
| CITY-ST-ZIP | CLEARWATER FL 34615 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | | <input type="checkbox"/> Delete |
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| 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: R.E. Lewis

PD

04/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)