

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02998

1. Entity Name

LCM TRUCKING, INC.

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90083 018 \*\*\*150.00

Principal Place of Business

3865 W. BLACK DIAMOND CIR.  
LECANTO FL 34461  
US

Mailing Address

3865 W. BLACK DIAMOND CIR.  
LECANTO FL 34461-8482  
US

2. Principal Place of Business

10213 ALTAVISTA Ave.

3. Mailing Address

10213 ALTAVISTA Ave.

Suite, Apt. #, etc.

# 102

Suite, Apt. #, etc.

# 102

City & State

TAMPA FL.

City & State

TAMPA FL.

Zip

33647

Country

U.S.

Zip

33647

Country

U.S.

4. FEI Number

59-2962007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, LORRAINE  
3865 W BLACK DIAMOND CIRCLE  
LECANTO FL 34461

7. Name and Address of New Registered Agent

Name

LORRAINE MURPHY

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

10213 ALTAVISTA Ave.

# 102

City

TAMPA

FL

Zip Code

33647

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 \$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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
MURPHY, LORRAINE  
3865 W BLACK DIAMOND CIRCLE  
LECANTO FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
MURPHY, LORRAINE  
10213 ALTAVISTA Ave.  
TAMPA FL. 33647 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:

LORRAINE MURPHY LORRAINE MURPHY

3-23-00

813-907-5799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20014 (3/97)