

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90046 030 ***150.00

DOCUMENT # L18412

1. Entity Name
LKSM, INC.

Principal Place of Business

**1300 BROOKHAVEN DR
 ORLANDO FL 32803
 US**

Mailing Address

**1300 BROOKHAVEN DR
 ORLANDO FL 32803
 US**

CU020441



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

731 Brookhaven Dr
 Suite, Apt. #, etc.

3. Mailing Address

731 Brookhaven Dr
 Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number **59-2969238**

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

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

**BERRY, JANA R
 3746 SUTTERS MILL CIRCLE
 CASSELBERRY FL 32707**

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 \$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 **D** ☐ Delete
 NAME **KALMIN, LANE**
 STREET ADDRESS **1300 BROOKHAVEN DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ Change ☐ Addition
 NAME **731 Brookhaven Dr**
 STREET ADDRESS **Orlando FL 32803**
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **KALMIN, JOEL**
 STREET ADDRESS **6102 F SKYLINE**
 CITY-ST-ZIP **HOUSTON TX**

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

TITLE **S** ☐ Delete
 NAME **SPIER, SHARI K**
 STREET ADDRESS **1300 BROOKHAVEN DR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ Change ☐ Addition
 NAME **731 Brookhaven Dr**
 STREET ADDRESS **Orlando FL 32803**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01

Date

713 977-4929

Daytime Phone #

CR2E034 (10/00)