

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90142 023 ***150.00

DOCUMENT # L26656

1. Entity Name

LANCER SALES U.S.A., INC.

Principal Place of Business

Mailing Address

**705 J W HIGHWAY 434
LONGWOOD FL 32750
US**

**705 J W HIGHWAY 434
LONGWOOD FL 32750-4907
US**

2. Principal Place of Business
140 State Road 419

3. Mailing Address
140 State Road 419

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Winter Springs

City & State
Winter Springs

4. FEI Number

59-2977436

Applied For

Not Applicable

Zip
32708

Country
USA

Zip
32708

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

**BARNES, CHARLES W.
705J WEST HIGHWAY 434
LONGWOOD FL 32750**

Name
Fry, James T.

Street Address (P.O. Box Number is Not Acceptable)
140 State Road 419

City
Winter Springs

FL

Zip Code
32708

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	BARNES, CHARLES W	705J WEST HIGHWAY 434	LONGWOOD FL 32750	<input checked="" type="checkbox"/>
SD	HAMMER, CHRISTOPHE	705 J WEST HWY 434	LONGWOOD FL 32750	<input type="checkbox"/>
VP	JAMES T FRY	705 J WEST HWY 434	LONGWOOD FL 32750	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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
James T. Fry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00

Date

407-327-8488

Daytime Phone #

CR2E034 (9/99)