

2002 UNIFORM BUSINESS REPORT (UBR)

0388614 AV

DOCUMENT # **L35737**

1. Entity Name
LPB SERVICE COMPANY

FILED

02 NOV -8 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02
DO NOT WRITE IN THIS SPACE

Principal Place of Business
**7407 S E HILL TERRACE
HOBE SOUND FL 33455
US**

Mailing Address
**7407 S E HILL TERRACE
HOBE SOUND FL 33455
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0156093**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WHITFIELD, RICHARD A
7407 SE HILL TERRACE
SUITE 120
HOBE SOUND FL 33455**

Name

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

**700008644087
10/29/02--01031--024 **\$50.00**

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 *Richard A. Whitfield*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/23/02
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, 2002 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 **P** ☐ Delete
NAME **WHITFIELD, RICHARD A**
STREET ADDRESS **7407 S.E. HILL TERR.**
CITY-ST-ZIP **HOBE SOUND FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Kenneth H. Kouf**
STREET ADDRESS **7407 SE Hill Terr**
CITY-ST-ZIP **Hobe Sound FL 33455**

TITLE **V** ☒ Delete
NAME **HINKLE, FRED**
STREET ADDRESS **7407 S E HILL TERRACE**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D** ☐ Change ☒ Addition
NAME **Robin Young**
STREET ADDRESS **7407 SE Hill Terr**
CITY-ST-ZIP **Hobe Sound FL 33455**

TITLE **TS** ☒ Delete
NAME **STONE, DAYTON D**
STREET ADDRESS **7407 SE HILL TERRACE**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **V** ☐ Change ☒ Addition
NAME **Don McCree**
STREET ADDRESS **7407 SE Hill Terr**
CITY-ST-ZIP **Hobe Sound FL 33455**

TITLE **V** ☒ Delete
NAME **PERSINGER, LYNN**
STREET ADDRESS **7407 SE HILL TERRACE**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **P** ☐ Change ☐ Addition
NAME **Robert Meyers**
STREET ADDRESS **7407 SE Hill Terr**
CITY-ST-ZIP **Hobe Sound FL 33455**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**700008644087
11/22/02--01099--002 **200.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Robin Young*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)