

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L57207

1. Entity Name

S. LACEY, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90009 033 ***150.00

Principal Place of Business

Mailing Address

4691 N UNIVERSITY DR
 STE 330
 CORAL SPGS FL 33067
 US

4691 N UNIVERSITY DR
 STE 330
 CORAL SPGS FL 33067-4620
 US

101168



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4630 N. University Drive

3. Mailing Address

4630 N. University Dr.

Suite, Apt. #, etc.

PMB 330

Suite, Apt. #, etc.

PMB 330

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33067

Country

USA

Zip

33067

Country

USA

4. FEI Number

65-0189671

Applied For

Not Applicable

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

LACEY JR, JAMES M.
 4691 N. UNIVERSITY DRIVE #330
 CORAL SPRINGS FL 33067

Name

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

9715 N.W. 52 MANOR

City

Coral Springs

FL

Zip Code
 33076

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 LACEY, JAMES M. JR.
 4691 N UNIVERSITY DR STE 330
 CORAL SPGS FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 4630 N. University Drive, PMB 330
 Coral Springs FL 33067

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

James M. Lacey Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

42600 954-755-1075

CR2E034 (9/99)