

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L57207

1. Entity Name

S. LACEY, INC.

Principal Place of Business

4691 N UNIVERSITY DR
STE 330
CORAL SPGS FL 33067
US

Mailing Address

4691 N UNIVERSITY DR
STE 330
CORAL SPGS FL 33067
US

2. Principal Place of Business

4630 N. University Dr.

3. Mailing Address

4630 N. University Drive

Suite, Apt. #, etc.

330

Suite, Apt. #, etc.

330

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33067

USA

Zip

33067

Country

USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 James M. Lacey Jr.
Signature, typed or printed name of registered agent and title if applicable

JAMES M. LACEY JR.

4-23-2001

(NOTE: Registered Agent signature required when re-attesting)

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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

JAMES M. LACEY JR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90372 014 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0189671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)