

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90039 028 \*\*\*150.00

**DOCUMENT # L85997**

1. Entity Name  
**LACY/ROSE CORPORATION**



Principal Place of Business  
**% V. LYNN LACY**  
**5510 SW 4TH PLACE #408**  
**CAPE CORAL FL 33914**

Mailing Address  
**% V. LYNN LACY**  
**5510 SW 4TH PLACE #408**  
**CAPE CORAL FL 33914**

2. Principal Place of Business

**1222 SW 51<sup>ST</sup> TER**

Suite, Apt. #, etc.

3. Mailing Address

**1222 SW 51<sup>ST</sup> TER**

Suite, Apt. #, etc.

City & State  
**CAPE CORAL, FL**

Zip  
**33914**

Country

City & State  
**CAPE CORAL, FL**

Zip  
**33914**

Country

4. FEI Number **65-0206031**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LACY, V. LYNN**  
**5510 SW 4TH PLACE #408**  
**CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

Name

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

**1222 SW 51<sup>ST</sup> TER**

City

**CAPE CORAL**

FL

Zip Code

**33914**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*V. Lynn Lacy*

**V. LYNN LACY PRES**

**2-20-03**

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete  
NAME **LYNN, LACY V**  
STREET ADDRESS **5510 SW 4TH PLACE #408**  
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **VSD** ☐ Delete  
NAME **ROSE JR, JAMES W**  
STREET ADDRESS **5510 SW 4TH PLACE #408**  
CITY-ST-ZIP **CAPE CORAL 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition  
NAME **V. LYNN LACY**  
STREET ADDRESS **1222 SW 51<sup>ST</sup> TER**  
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **VSD** ☒ Change ☐ Addition  
NAME **JAMES W. ROSE JR**  
STREET ADDRESS **1222 SW 51<sup>ST</sup> TER**  
CITY-ST-ZIP **CAPE CORAL, FL 33914**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *V. Lynn Lacy* **SIGNATURE REQUIRED V. LYNN LACY PRES 2-20-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)