

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001599

1. Entity Name

LICENSE AND COMPLIANCE RESOURCE, LLC

Principal Place of Business

241 MONROE DRIVE  
WEST PALM BEACH FL 33405

Mailing Address

241 MONROE DRIVE  
WEST PALM BEACH FL 33405

2. Principal Place of Business

245 Gray St

3. Mailing Address

245 Gray St

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33405

Country

USA

Zip

33405

Country

USA

4. FEI Number

56-2018893

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, JENNIFER

241 MONROE DRIVE

WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name Jennifer Lewis

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

245 Gray St

City West Palm Beach

FL

Zip Code

33405

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

Jennifer Lewis Jennifer Lewis

01/09/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete  
NAME LEWIS, JENNIFER C  
STREET ADDRESS 241 MONROE DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE MGRM ☐ Delete  
NAME LEWIS, MAX  
STREET ADDRESS 241 MONROE DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33405

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

10. ADDITIONS/CHANGES

TITLE SAME ☒ Change ☐ Addition  
NAME SAME  
STREET ADDRESS 245 Gray St  
CITY-ST-ZIP SAME

TITLE SAME ☒ Change ☐ Addition  
NAME SAME  
STREET ADDRESS 245 Gray St  
CITY-ST-ZIP SAME

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Jennifer Lewis

01/09/01 561-493-0048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)