

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004637

1. Entity Name
LUKENS, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90498 014 ***150.00

Principal Place of Business

1236 ADMIRALTY BLVD.
ROCKLEDGE FL 32955

Mailing Address

1236 ADMIRALTY BLVD.
ROCKLEDGE FL 32955

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 561197

Suite, Apt. #, etc.

City & State

ROCKLEDGE, FL

Zip

32956-1197

Country

USA

4. FEI Number

59-3625271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUNN, FRANK
407 EAST NEW HAVEN AVE.
MELBOURNE FL 32901-4507

7. Name and Address of New Registered Agent

Name **WILLIAM W. LUKENS**
Street Address (P.O. Box Number is Not Acceptable)
1236 ADMIRALTY BLVD.
City **ROCKLEDGE** FL Zip Code **32955**

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 William W. Lukens, **WILLIAM W. LUKENS, PRESIDENT** 3/12/01
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, 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 **D** ☐ Delete
NAME **LUKENS, WILLIAM**
STREET ADDRESS **1236 ADMIRALTY BLVD.**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, P, S, T** ☒ Change ☐ Addition
NAME **LUKENS, WILLIAM**
STREET ADDRESS **1236 ADMIRALTY BLVD.**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

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

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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: William W. Lukens, **WILLIAM W. LUKENS, PRESIDENT** 3/12/01 321-6326011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)