

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90156 033 ***158.75

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1. Entity Name
JAMES LAINHART JR, INC.

Principal Place of Business
**148 BARRE DRIVE NW
PORT CHARLOTTE FL 33952**

Mailing Address
**148 BARRE DRIVE NW
PORT CHARLOTTE FL 33952**

30007666



2. Principal Place of Business
148 Barre Dr N.W.
Suite, Apt. #, etc.

3. Mailing Address
148 Barre Dr N.W.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Port Charlotte
Zip
33952
Country
USA

City & State
Port Charlotte
Zip
33952
Country
USA

4. FEI Number **59-3623886**

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

**LAINHART, JAMES JR
8810 ASHMAN RD
RIVERVIEW FL 33569**

Name
Street Address (P.O. Box Number is Not Acceptable)
148 Barre Dr. N.W.
City **Port Charlotte** **FL** Zip Code **33952**

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 *James Lainhart - James Lainhart Jr*

1/18/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	LAINHART, JAMES JR	8810 ASHMAN RD	RIVERVIEW FL 33569	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		148 Barre Drive N.W.	Port Charlotte Fl 33952	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Jodean A Lainhart	148 Barre Drive N.W.	Port Charlotte, FL 33952	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

James Lainhart Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/03
Date Daytime Phone #

CR2E034 (10/02)