

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000 53886

1. Entity Name

Lords Service, INC

APPROVED
AND
FILED

01 NOV 16 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2626 E PARK AVE # ~~7301~~ 19101
Tallahassee, FL 32301 32358

2. Principal Place of Business

3. Mailing Address

2627 S Adams St 2626 E Park Ave
Suite 5 Suite, Apt. #, etc. Apt # 19101

City & State
Tallahassee FL

City & State
Tallahassee FL

Zip
32301

Country
USA

Zip
32358

Country
USA

4. FEI Number

543708560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Jacques Amilcar
2626 E Park Ave. #19101
Tallahassee FL 32358

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

Jacques Amilcar

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice Pres ☒ Delete
NAME Jewel Amilcar
STREET ADDRESS 58 Booth Rd
CITY-ST-ZIP Sopchoppy, FL 32358

TITLE Vice Pres ☐ Change ☒ Addition
NAME Spenser Hines
STREET ADDRESS 1994 Darryl Drive
CITY-ST-ZIP Tallahassee, FL 32301

TITLE VICE PRES ☒ Delete
NAME WILLIAMS, Victor
STREET ADDRESS 2626 E PARK AVE
CITY-ST-ZIP Tallahassee, FL 32301

TITLE President ☐ Change ☒ Addition
NAME Jacques Amilcar
STREET ADDRESS 2626 E PARK AVE
CITY-ST-ZIP Tallahassee, FL 32358

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 empowerment.

SIGNATURE:

Jacques Amilcar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-16-01 656-9267

CR2E034 (11/00)