

# **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED

02 NOV 12 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *p00000059622*

1. Entity Name

*L & Wm Lemons, INC.  
d/b/a Corinthian Realty  
d/b/a Corinthian Limited*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*12679 Seminole Blvd*

3. Mailing Address

*12679 Seminole Blvd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*LARGO FLORIDA*

City & State

*LARGO, FLORIDA*

4. FEI Number

*59-366129*

Applied For

Not Applicable

Zip

*33778*

Country

*USA*

Zip

*33778*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*LORI J. Lemons*

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

*11620 83rd Avenue*

City

*Seminole*

FL

Zip Code

*33778*

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

*Lori J. Lemons Registered Agent*

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

(NOTE: Registered Agent signature required when reinstating)

*11/5/02*

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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 NAME STREET ADDRESS CITY - ST - ZIP	<i>President/Director LORI J. Lemons 11620 83rd Avenue Seminole, FL 33778</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>700008939447 11/12/02--01096--009 **\$1.25</i>
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lori J. Lemons, President/Director*  
*LORI J. Lemons, President/Director*

Date

*11/5/02*

Daytime Phone #

*727-2163000*

*11/15/02*

CR2E034B (12/01)