

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

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90479 037 \*\*\*150.00

**DOCUMENT #** P00000063559

**1. Entity Name**

LPM6, INC.



**DO NOT WRITE IN THIS SPACE**

**66425669**

**2. Principal Place of Business**

212 West Bay Ave

**3. Mailing Address**

212 West Bay Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, FL

**4. FEI Number**

593666141

**Applied For**

☐ Not Applicable

Zip

32750

Country

USA

Zip

32750

Country

USA

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

Name

JOSEPH V. Priore, P.A.

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

Suite 500, 500 West Cypress Creek Rd

City

FT. Lauderdale

**FL**

Zip Code 33309

**DO NOT WRITE  
IN THIS SPACE**

**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**

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

(NOTE: Registered Agent signature required when resigning)

4/22/04

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

<b>TITLE</b>	<u>President</u>
<b>NAME</b>	<u>Tammy Bennett</u>
<b>STREET ADDRESS</b>	<u>212 W. Bay Ave</u>
<b>CITY-ST-ZIP</b>	<u>Longwood, FL 32750</u>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>CITY-ST-ZIP</b>	

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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/04 407-265-1888

CR2E034B (12/02)

66425609  
[REDACTED]  
Hickman B-10000063559

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir:

I received your letter dated April 29<sup>th</sup>, 2004, copy enclosed. I contacted the phone number on the letter to speak with one of your representatives and was told to re-mail the information that you sent to me and that this was an error. I am writing this letter in hopes that if there is some mistake that you will notify me what the problem is. You indicated that there was no document found, however when I spoke with your representative on the phone she said that the document that has my check stapled to it is the document that you require for this process.

Thank you,  
Tammy Bennett  
President, LPMG Inc.