

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91114 024 \*\*\*150.00

DOCUMENT # P00000081598

1. Entity Name

L.M.G. Limited, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business *new address*

393 Hiawatha Way  
Suite, Apt. #, etc.

3. Mailing Address

393 Hiawatha Way  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Melbourne Beach, FL

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Melbourne Beach, FL

4. FEI Number

59-3668404

Applied For

Not Applicable

Zip 32951 Country U.S.

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5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Lynn M. Gronosky

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

393 Hiawatha Way

City Melbourne Beach

FL

Zip Code

32951

**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.

SIGNATURE

*Lynn M. Gronosky* Lynn M. Gronosky, President 4-24-02

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P  
NAME Gronosky, Lynn M.  
STREET ADDRESS 393 Hiawatha Way  
CITY-ST-ZIP Melbourne Beach, FL 32951

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VST  
NAME Gronosky, Jeffrey L.  
STREET ADDRESS 393 Hiawatha Way  
CITY-ST-ZIP Melbourne Beach, FL 32951

TITLE  
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Lynn M. Gronosky, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynn M. Gronosky

4-6-02 321-723-1790

Date

Daytime Phone #

CR2E034B (12/01)