

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P00000082142  
**1. Entity Name**  
 LEXICOM DEBIT COMMUNICATIONS  
 CORP.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 DEC 11 PM 1:42

**Principal Place of Business** Mailing Address  
 719 S. SEMORAN BLVD. 719 S. SEMORAN BLVD  
 ORLANDO FL 32807 ORLANDO FL 32807

**2. Principal Place of Business** **3. Mailing Address**  
 719 S. SEMORAN BLVD 719 S. SEMORAN BLVD  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State** **City & State**  
 ORLANDO FL. ORLANDO FL  
**Zip** **Country** **Zip** **Country**  
 32807 32807

**4. FEI Number** **Applied For**  
 59-3672584  Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 ADOLFO G. LEMOINE  
 2614 REGENCY OAK LANE  
 ORLANDO FL 32833

**7. Name and Address of New Registered Agent**  
 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** *Adolfo G. Lemoine* **12/5/01**  
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  **FILE NOW!!! FEE IS \$150.00** **\$5.00 May Be Added to Fees**  
(See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**  **Trust Fund Contribution.**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 empowered.**  
**SIGNATURE:** *Adolfo G. Lemoine* **12/5/01** **407-823-9722**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)