FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90425 018 ***150.00

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DOCUMENT # P00000083553

1. Entity Name
LESCAT, INC.

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2. Principal Place of Business	3. Mailing Address
1815 South Tamiami Trail	4067 HONOLULU DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice, FL	City & State: Sarasota, FL
Zip: 34293 Country: US	Zip: 34241 Country: US

4. FEI Number 65-1037962 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**
Name: Carol Taylor
Street Address (P.O. Box Number is Not Acceptable): 4067 Honolulu Drive
City: Sarasota, FL Zip Code: 34241

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: [signature], CAROL TAYLOR, VP April 30, 2002
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	DPAST	TITLE	
NAME	Taylor, Lester J.	NAME	
STREET ADDRESS	4067 Honolulu Drive	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34241	CITY-ST-ZIP	
TITLE	DVPSAT	TITLE	
NAME	Taylor, Carol	NAME	
STREET ADDRESS	4067 Honolulu Drive	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34241	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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: [signature] CAROL TAYLOR 04-30/02 941.341.8184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #