

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91517 003 ***150.00

DOCUMENT # 000000085383

1. Entity Name

LF HERNANDO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3949 EVANS AVE, #205

3. Mailing Address

3949 EVANS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#205

DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS FL

City & State

FT. MYERS FL

4. FEI Number

65-1039768

Applied For

Not Applicable

Zip

33901

Country

USA

Zip

33901

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM EHMAN

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

3949 EVANS AVE, #205

City

FT. MYERS

FL

Zip Code

33901

**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

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 NAME STREET ADDRESS CITY-ST-ZIP	D, P EHMAN, WILLIAM 3949 EVANS AVE, #205 FT. MYERS, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHEN J THOMAS E 2395 TAMiami TRAIL, #13 PT. CHARLOTTE, FL 33952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, SEC. TREAS MCCARTY, DOUGLAS 1617 N. FEDERAL HWY LAKE WORTH, FL 33460	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

Date

(561) 588-0440

Daytime Phone #

CR2E034B (12/01)