

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000087856**1. Entity Name
LFS INVESTMENTS, INC.

Principal Place of Business	Mailing Address
226 VINEWOOD	226 VINEWOOD
SANFORD FL 32773	SANFORD FL 32773

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3685603

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSOBOLEWSKI FRANK
226 VINEWOODSANFORD FL
32773**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 _____ **01/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	STOVER LINDA G	
STREET ADDRESS	5805 N CAMPBELL ST	
CITY-ST-ZIP	VALPARAISO IN 46385	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOVER WILLIAM D	
STREET ADDRESS	5805 N CAMPBELL ST	
CITY-ST-ZIP	VALPARAISO IN 46385	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SOBOLEWSKI JENNIFER	
STREET ADDRESS	226 VINEWOOD	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WALLACE GREG	
STREET ADDRESS	226 VINEWOOD	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ZIMMERMAN DAVID	
STREET ADDRESS	7521 ARCADIA ROAD	
CITY-ST-ZIP	MORTON GROVE IL 60053	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	SOBOLEWSKI FRANK	
STREET ADDRESS	226 VINEWOOD	
CITY-ST-ZIP	SANFORD FL 32773	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOBOLEWSKI JENNIFER
STREET ADDRESS	226 VINEWOOD
CITY-ST-ZIP	SANFORD FL 32773
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Sobolewski

DPS

01/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)