

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089920

1. Entity Name  
L.C.B. HOME IMPROVEMENTS, INC.

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90177 037 \*\*\*158.75

10050501



DO NOT WRITE IN THIS SPACE

Principal Place of Business

13730 ST RD 84, #228  
DAVIE FL 33325

Mailing Address

13730 ST RD 84, #228  
DAVIE FL 33325

2. Principal Place of Business

854 Cumberland Terrace

3. Mailing Address

854 Cumberland Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Davie, Florida

City & State  
Davie, Florida

4. FEI Number  
65-1043227

Applied For  
Not Applicable

Zip  
33325

Country  
U.S.

Zip  
33325

Country  
U.S.

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

6. Name and Address of Current Registered Agent

SCHEFLIN, BOONE Z ESQ  
THE CENTRE BLDG, 9900 STIRLING RD, STE 221  
COOPER CITY FL 33024

7. Name and Address of New Registered Agent

Name  
Law Offices of Boone Z. Schefflin, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
4699 Davie Road

City  
Davie FL Zip Code  
33314

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 Bonne Z. Schefflin Bonne Z. Schefflin  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3-26-03  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
BLOOM, LLOYD C  
13730 ST RD 84, #228  
DAVIE FL 33325 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Bloom, Lloyd C  
854 Cumberland Terrace  
Davie FL 33325 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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, without other like empowered.

SIGNATURE: Lloyd C. Bloom 3/26/03 (954) 4744654  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)