## 2001 UNIFORM BUSINESS REPORT (UBR) FILED P00000.10.2514 Mar 28, 2001 8:00 am **DOCUMENT# Secretary of State** 1. Entity Name LCS 3, INC. 03-28-2001 90208 025 \*\*\*150.00 Principal Place of Business Mailing Address 5689 NW 121 Terr Coral Springs, FL 33076 C0038629 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1049842 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Lois Zinser Curtis L. Zinser\_\_\_\_ 5689 NW 121 Terr Street Address (P.O. Box Number is Not Acceptable) 5689 NW 121 Terr Coral Springs, FL 33076 Coral Springs 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution... Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete ☐ Change Addition TITLE غى ئىلىنىيە. <u>ئۇنىڭ</u> ئىلىنى ئىلىقىڭ President NAME Curtis L. Zinser Lois Zinser STREET ADDRESS STREET ADDRESS 5689 NW 121 Terr 5689 NW 121 Terr CITY-ST-ZIP CITY-ST-ZIP Coral Springs, FL 33076 Coral Springs, FL 33076 Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Vice President TITLE Delete TITLE Scott L. Zinser ☐ Change Addition NAME NAME 5689 NW-121 Terr-STREET ADDRESS STREET ADDRESS Coral Springs, FL 33076 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ' ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 export 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in Block 12 changed, or on an attachment with

SIGNATURE: