2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

5869 NW 121ST TERR CORAL SPRINGS FL 33076

P00000102519 **DOCUMENT #**

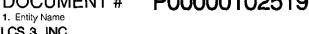
FILE NOW!!! FEE IS(\$150.00

LCS 3, INC.

Principal Place of Business

23269 S STATE ROAD 7

BOCA RATON FL 33428





FILED Jan 30, 2003 8:00 am **Secretary of State**

01-30-2003 90126 017 ***150.00

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US		US							
2. Principal Place of Business 232695, St. Suite, Apt. #, etc.	Rd 7	3. Mailing Address 3. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	25	St. R.J.7	CHECK HERE IF	MAKING CHANGES			
Prica Rutan Fla		Sity & State	Rota	n Fla,	4. FEI Number 65-1049842	Applied For Not Applicable			
Zip Country	pch	Zip 334		cla Beh.	5. Certificate of Status Desired	S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
ZINSER, LOIS 23269 SOUTH STATE ROAD 7 BOCA RATON FL 33428				Name Street Address (P.O. Box Number is Not Acceptable)					
				City		FL Zip Code			
8. The above named entity subsistance is this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of register									
Signature, typed or printed name o	registered agent ar	d atte if applicable.	(NOTE: Regist	ered Agent signature required	when reinstating)	DATE			
FILE MONITURE PROPERTY OF THE									

9. Election Campaign Financing

	k Payable to Florida Department of State	Trust Fund Contribution.	Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete ZINSER, LOIS 5689 NW 121 TERR CORAL SPRINGS FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Change	Addition
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12. 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 justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

\$5.00 May Be