

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000102519

1. Entity Name
LCS 3, INC.



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

01-30-2003 90126 017 ***150.00

90013334



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

23269 S STATE ROAD 7
BOCA RATON FL 33428
US

Mailing Address

5869 NW 121ST TERR
CORAL SPRINGS FL 33076
US

2. Principal Place of Business

23269 S. St. Rd 7
Suite, Apt. #, etc.

3. Mailing Address

23269 S. St. Rd 7
Suite, Apt. #, etc.

City & State

Boca Raton Fla
Zip 33428 Country Palm Bch

City & State

Boca Raton Fla
Zip 33428 Country Palm Bch

4. FEI Number

65-1049842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZINSER, LOIS
23269 SOUTH STATE ROAD 7
BOCA RATON FL 33428

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent or title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ZINSER, LOIS	
STREET ADDRESS	5869 NW 121 TERR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZINSER, SCOTT L	
STREET ADDRESS	5869 NW 121 TERR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 trustee 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-03 541-218
0180

CR2E034 (10/02)