2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000114118**

1. Entity Name
L.K. ERECTORS, INC.

Principal Place of Business	Mailing Address
2375 ST. JOHNS BLUFF RD, S, STE 102	2375 ST. JOHNS BLUFF RD, S, STE 102
JACLSONVILLE FL	JACLSONVILLE FL
32246	32246

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2375 ST. JOHNS BLUFF RD, S, STE 102	P. O. BOX 8643
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32246 / Country:	Zip: 32239 / Country:

4. FEI Number **59-3686102** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPENCER WILLIAM J	Name: SPENCER WILLIAM J
2375 ST. JOHNS BLUFF RD, S, STE 102	Street Address (P.O. Box Number is Not Acceptable): 2375 ST. JOHNS BLUFF RD, S, STE 102
JACLSONVILLE FL	City: JACKSONVILLE **FL**
32246	Zip Code: 32246

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 ______________________ 08/09/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	SPENCER WILLIAM J		NAME	SPENCER WILLIAM J	
STREET ADDRESS	2375 ST. JOHNS BLUFF RD, S, STE 102		STREET ADDRESS	2375 ST. JOHNS BLUFF RD, S, STE 102	
CITY-ST-ZIP	JACLSONVILLE FL 32246		CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	HOWARD BILLY G		NAME	HOWARD BILLY G	
STREET ADDRESS	2375 ST. JOHNS BLUFF RD, S, STE 102		STREET ADDRESS	2375 ST. JOHNS BLUFF RD, S, STE 102	
CITY-ST-ZIP	JACLSONVILLE FL 32246		CITY-ST-ZIP	JACKSONVILLE FL 32246	
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-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-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: William J. Spencer D 08/09/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #