

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

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90060 046 ***150.00

DOCUMENT # **P01000038517**

1. Entity Name

LENCODEN ENTERPRISES INC.

DO NOT WRITE IN THIS SPACE

979055

2. Principal Place of Business

5493 THURSTON AVE.

Suite, Apt. #, etc.

3. Mailing Address

5493 Thurston Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKEWORTH FL

City & State

Lake Worth FL

4. FEI Number

65-1094343

Applied For

Not Applicable

Zip

33463

Country

U.S.A.

Zip

33463

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CHARMAINE ALLWOOD

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

5493 THURSTON AVE.

City

LAKEWORTH

FL

Zip Code

33463

**DO NOT WRITE
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT, S
CHARMAINE ALLWOOD
5493 THURSTON AVE
LAKE WORTH FL 33463

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/06/02

(561) 523-3439

CR2E034B (12/01)

Attachment
LENCODEN Enterprises, Inc *979083*

5493 Thurston Avenue, Lake Worth

Florida 33463, U.S.A.

Tel/Fax: (561) 964-6168

PD 10000 38517

Florida Department Of State
Division Of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Fl. 32314

Sept.06,2002

Dear Sir/ Madam:

This is to inform you that, the above named company has relocated from (9731 S.W. 16th Court, Pembroke Pines, Florida 33025). The new address is 5493 Thurston Ave. Lake Worth Fl. 33463.

A Uniform Business Report that should have been mailed to us, may Have inadvertently mailed to our former business location. Therefore I kindly request a review of this situation, and that, the additional fees Be waived.

Thanks for your consideration, if additional information is needed it will be supplied as per your request.

Attached is a cheque in the amount of (\$150.00) One hundred fifty Dollars, for the necessary filing.

Sincerely,
Charmaine Allwood
Charmaine Allwood