

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

DOCUMENT # P01000093551

1. Entity Name

LKM & COMPANY, INC.



FILED

03 AUG 22 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
424 HOPKINS STREET

Suite, Apt. #, etc.

3. Mailing Address
424 HOPKINS STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NEPTUNE BEACH, FL

City & State
NEPTUNE BEACH, FL

4. FEI Number 59-3752071

Applied For
Not Applicable

Zip
32266

Country
USA

Zip
32266

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name TIM MCINTYRE

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

1025 9TH AVENUE NORTH

City JACKSONVILLE BEACH

FL

Zip Code
32250

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 and fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	DSTP JOSEPH R PALERMO 424 HOPKINS STREET NEPTUNE BEACH FL 32266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800022517368 08/22/03--01062--006 **150.00
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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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

J R Palermo

PRESIDENT

8/20/03

904-241-0898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)



✓ Income Tax Service
✓ Financial & Insurance Services
✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

August 20, 2003

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

RE: Uniform Business Report
Document #P01000093551; LKM & Company, Inc.

Dear Sir/Madam,

Please see the enclosed Reinstatement form for our client listed above. We are requesting that you accept her application and payment of \$150.00, for the year 2003.

Mr. Palermo, President of the above Corporation, did not receive his report for the referenced periods. Upon our annual review of his account along with your web site, it was determined that he had not filed the Uniform Business Report for the current year. He has always filed his government paperwork timely and is very conscientious regarding payment for all yearly fees and taxes.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

A handwritten signature in cursive script that reads 'Heather Copeland'.
Heather Copeland

Enclosures: Uniform Business Report
Check: #0391