

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-10-2003 90201 023 ***150.00

DOCUMENT # P01000114028

1. Entity Name
LAMAR'S COMPANION SERVICE CORP.



Principal Place of Business
901 NORTH V ST.
PENSACOLA FL 32505

Mailing Address
901 NORTH V ST.
PENSACOLA FL 32505



2. Principal Place of Business

901 North V St

3. Mailing Address

901 North V St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FLA.

City & State

Pensacola, FLA.

Zip

32505

Country

America

Zip

32505

Country

America

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3759483**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LINDSEY, MINNIE B
901 NORTH V ST.
PENSACOLA FL 32505

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 Minnie B. Lindsey

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

(NOTE: Registered Agent signature required when reinstating)

2/6/03
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	0 President	<input type="checkbox"/> Delete
NAME	LINDSEY, MINNIE B	
STREET ADDRESS	901 NORTH V ST	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	LAMAR'S Companion Service Corp	<input type="checkbox"/> Delete
NAME	901 North V St	
STREET ADDRESS	Pensacola, FLA. 32505	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Delete
NAME	Nicole Lindsey	
STREET ADDRESS	908 Lucerne St	
CITY-ST-ZIP	Pensacola FLA 32505	
TITLE	Dictator	<input type="checkbox"/> Delete
NAME	Nicole Lindsey	
STREET ADDRESS	908 Lucerne	
CITY-ST-ZIP	Pensacola, FLA. 32505	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Minnie B. Lindsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03

Date

4339380

Daytime Phone #

CR2E034 (10/02)