

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
 04-10-2002 90354 033 ***150.00

0004166 AT

DOCUMENT # P01000118701

1. Entity Name

L C CONSTRUCTION GROUP, INC.

Principal Place of Business

**2501 GOOD HOMES ROAD
 ORLANDO FL 32818**

Mailing Address

**2501 GOOD HOMES ROAD
 ORLANDO FL 32818**

2. Principal Place of Business

2501 GOOD HOMES RD

3. Mailing Address

2501 GOOD HOMES RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO, FL

4. FEI Number

05-0544118

☒ Applied For

☐ Not Applicable

Zip

32818

Country

ORANGE

Zip

32818

Country

ORANGE

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

REEVES, LESLIE

**2501 GOOD HOMES ROAD
 ORLANDO FL 32818**

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.

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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

TITLE **PD** ☐ Delete
 NAME **REEVES, LESLIE**
 STREET ADDRESS **2501 GOOD HOMES ROAD**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 an other like empowered.

SIGNATURE: *Leslie Reeves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

ICER OR DIRECT:

4-1-02

Date

407-297-0234

Daytime Phone #

CR2E034 (9/01)