

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0062190 AV

DOCUMENT # P02000012175

1. Entity Name
LUALMA, INC.



FILED
03 SEP 22 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
15765 WEATHERLY RD
WELLINGTON FL 33414

Mailing Address
15765 WEATHERLY RD
WELLINGTON FL 33414



2. Principal Place of Business

2326 S Congress Ave Ste 1-C

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

West Palm Beach FL

City & State

4. FEI Number

80-0036257

Applied For

Not Applicable

Zip

33406

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOLSHAK, MAX J
2326 S CONGRESS AVE
PALM BCH FL 33406

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 DP
NAME GODFREY, LOUIS
STREET ADDRESS 15765 WEATHERLY RD
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

TITLE DVT
NAME KOLSHAK, MAX
STREET ADDRESS 2326 S CONGRESS AVE STE 1-C
CITY-ST-ZIP W PALM BCH FL 33406 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800023358858
09/26/03--01025--007 **150.00

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

MAX J. KOLSHAK, INC.
ACCOUNTANT

September 17, 2003

Florida Department of State
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Lualma, Inc., place of business address is 2326 S. Congress Avenue, Suite 1C, West Palm Beach, FL 33406. My office did not receive this Uniform Business Report until September 15th. We ask that you abate any late fees and change the address.

Thank you for your cooperation in this matter.

Sincerely,



Max J. Kolshak

MJK/slp

SEP 17 2003
FAX 433-1101
2326 S. CONGRESS AVENUE
SUITE 1C
WEST PALM BEACH, FL 33406