

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90128 016 \*\*\*150.00

**DOCUMENT #** P02000013535

**1. Entity Name**  
LCS MANAGEMENT, INC.



**Principal Place of Business**  
3071 N ORANGE BLOSSOM TRAIL, SUITE M  
ORLANDO FL 32804

**Mailing Address**  
3071 N ORANGE BLOSSOM TRAIL, SUITE M  
ORLANDO FL 32804

**2. Principal Place of Business**

156 Groveland Farms Rd.  
Suite, Apt. #, etc.

**3. Mailing Address**

P.O. Box 426  
Suite, Apt. #, etc.

**City & State**  
Groveland, FL

**City & State**  
Groveland, FL

**4. FEI Number**  
75-002992123

**Applied For**  
☐ Not Applicable

**Zip** 34736  
**Country** USA

**Zip** 34736  
**Country** USA

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

**6. Name and Address of Current Registered Agent**

WATSON, TONY  
3071 N ORANGE BLOSSOM TRAIL, SUITE M  
ORLANDO FL 32804

**7. Name and Address of New Registered Agent**

**Name** Watson, Tony  
**Street Address (P.O. Box Number is Not Acceptable)**  
156 Groveland Farms Rd.  
**City** Groveland, FL **Zip Code** 34736

**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**

(NOTE: Registered Agent signature required when reinstating)

**DATE** 4/1/03

**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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PTD	<input type="checkbox"/> Delete
<b>NAME</b>	WATSON, TONY	
<b>STREET ADDRESS</b>	3071 N ORANGE BLOSSOM TRAIL, SUITE M	
<b>CITY-ST-ZIP</b>	ORLANDO FL 32804	
<b>TITLE</b>	VSD	<input type="checkbox"/> Delete
<b>NAME</b>	WATSON, KATINA	
<b>STREET ADDRESS</b>	3071 N ORANGE BLOSSOM TRAIL, SUITE M	
<b>CITY-ST-ZIP</b>	ORLANDO FL 32804	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE P/T</b>	President / Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Tony Watson	
<b>STREET ADDRESS</b>	156 Groveland Farms Rd.	
<b>CITY-ST-ZIP</b>	Groveland, FL 34736	
<b>TITLE</b>	VP / Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Katina Watson	
<b>STREET ADDRESS</b>	156 Groveland Farms Rd	
<b>CITY-ST-ZIP</b>	Groveland, FL 34736	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DATE** 4/1/03

**Daytime Phone #** 352-429-0906

CR2E034 (10/02)