

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

3/3

03-31-2003 90314 048 ***150.00

DOCUMENT # P02000093739

1. Entity Name
LCMS SOLUTIONS, INC.



Principal Place of Business
**300 SEABOARD AVENUE
VENICE FL 34292**

Mailing Address
**PO BOX 1228
VENICE FL 34284**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2290694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEENROD, MICHAEL L
300 SEABOARD AVENUE
VENICE FL 34292**

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MICHAEL STEENROD	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 350 BAHAMA Rd.	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP VENICE, FL 34293	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TREASURER <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LESTER F. CURTNER II	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 350 BAHAMA Rd.	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP VENICE, FL 34293	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SECRETARY <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LESTER F. CURTNER II	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 350 BAHAMA Rd.	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP VENICE, FL 34293	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VICE PRESIDENT <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LESTER F. CURTNER II	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 350 BAHAMA Rd.	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP VENICE, FL 34293	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Lester F. Curtner II

3-2603

941-484-9846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)