

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91768 022 ***150.00

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DOCUMENT # P02000095308

1. Entity Name
LBCOT, INC.



Principal Place of Business

~~368 WILSHIRE BLVD~~ 348 W. Ishire Blvd
CASSELBERRY FL 32707

Mailing Address

~~368 WILSHIRE BLVD~~
CASSELBERRY FL 32707

2. Principal Place of Business

348 W. Ishire Blvd

3. Mailing Address

RD 1 Box 1 Same

Suite, Apt. #, etc.

Casselberry FL

Suite, Apt. #, etc.

City & State

City & State

Zip

32707

Country

Seminole

Zip

Country

4. FEI Number

4 Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, KENT

348 WILSHIRE BLVD

CASSELBERRY FL 32707

348

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

Kent Martinez President

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-03

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD - Pres. Sec. Treas.
NAME MARTINEZ, KENT
STREET ADDRESS 368 WILSHIRE BLVD
CITY-ST-ZIP CASSELBERRY FL 32707

☐ Delete

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NAME
STREET ADDRESS
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☐ 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 another like empowered.

SIGNATURE:

Kent Martinez President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-03

CR2E034 (10/02)