

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90126 044 ***150.00

DOCUMENT # P02000097731

1. Entity Name
LOCKWOOD, LEHRMAN AND KAPIT, P.A.



Principal Place of Business
1290 WESTON ROAD
SUITE 300
WESTON, FL 33326

Mailing Address
1290 WESTON ROAD
SUITE 300
WESTON, FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232006

Chg-P

CR2E034 (11/05)

4. FEI Number

22-3869208

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

LOCKWOOD, ANDREW
~~1801 NORTH PINE ISLAND RD~~
~~STE 102~~
~~PLANTATION, FL 33322~~

Name

Street Address (P.O. Box Number is Not Acceptable)

1290 WESTON RD.

SUITE 300

City

WESTON

FL

Zip Code

33326

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, 2006 Fee will be \$550.00

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 D ☐ Delete
NAME LOCKWOOD, ANDREW
STREET ADDRESS ~~1801 NORTH PINE ISLAND RD STE 103~~
CITY-ST-ZIP ~~PLANTATION, FL 33322~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1290 WESTON ROAD, SUITE 300
CITY-ST-ZIP WESTON, FL 33326

TITLE D ☐ Delete
NAME LEHRMAN, SETH
STREET ADDRESS ~~3238 BRIDGEFIELD DR~~
CITY-ST-ZIP ~~PLANTATION, FL 33322~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1801 NORTH PINE ISLAND ROAD, SUITE 103
CITY-ST-ZIP PLANTATION, FL 33324

TITLE D ☐ Delete
NAME KAPIT, JASON
STREET ADDRESS ~~1801 NORTH PINE ISLAND ROAD, #103~~
CITY-ST-ZIP ~~PLANTATION, FL 33322~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1290 WESTON ROAD, SUITE 300
CITY-ST-ZIP WESTON, FL 33326

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/27/06

Date

954-472-6200

Daytime Phone #