## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P02000103788

1. Entity Name



Apr 15, 2003 8:00 am Secretary of State	_	FILED, 2003	am
04-15-2003 90106 050 ***150.00			

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LCR CORPORATION, INC.								
Suito, Apt. #, etc.  Suito, Apt. #, etc.  Suito, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Country  S. Conflicate of Status Districe  S. Name and Address of Current Registered Agent  Name  RUKAB, LEE C  Into SternNH-FEEL DRIVE  JACKSONVILLE FL 32223  City  Street Address (FO. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (FO. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (FO. Box Number is Not Acceptable)  FL Zip Code  Street Address (FO. Box Number is Not Acceptable)  The obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, yeed or pread-term of registered dispense of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, yeed or pread-term of registered agent and the if apricable.  (NoTE Registered Agent standard required where remission)  PAZ  SIGNATURE  Signature, yeed or pread-term of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Delations of registered agent, or both, in the State of Flor	1710 STERNM	710 STERNWHEEL DRIVE 1710 STERNWHEEL DRIVE				-			
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RUKAB, LEE C  1710 STERNWHEEL DRIVE JACKSONVILLE FL 32223  6. 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  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE NAME RUBAK, LEE C  177-51-2P  TITLE NAME SIRRET ADDRESS CITY-51-2P  TITLE SIRRET ADDRESS CITY-	Zip	Country	Zip	Countr	ry		itatus Desired	\$8.75 Ac	Iditional
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1710 STERNWHEEL DRIVE JACKSONVILLE FL 32223  City  City  FL  Zip Code  City  FL  Added to Fess  City  FL  TILE  NAME  STREET ADDRESS  CITY-ST-Zip  TITLE  ST					Name				}
ACKSONVILLE FL 32223  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature				Street Address (I	P.O. Box Number is	Not Acceptable)		···	
B. The above named entity submits this statement for the purpose of changing its 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 renatating)   DATE					-				
the obligations of registered agent.  SIGNATURE    Signature, typed or profied name of registered agent and trie if applicable. (NOTE Registered Agent signature required when renotation)   DATE				L	City	<del>.</del>	F	FL Zip Cod	de
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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 denot is true and accurate and that my light the same legal effect as a made under each that have the same legal effect as a made under each that the each that have the same legal effect as a made under each that have the same legal effect as a made under each that have the same legal effect as a made under each that have the same legal effect as a made under each that have the same legal effect as a made under each that have the same legal effect as a made each that have the same legal effect as a made each that have the same legal effect as a made each that have the same legal effect a		portify that the information - 2	this filing does not a said to	┻,	_/}	-tion 110 07/01/2	ala cuma i	analification of	-fa

indicated on this report or supplemental report is true and accurate and that my/fignature/shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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 an other like empowered

SIGNATURE: