


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

04-30-2003 90013 036 ***150.00

DOCUMENT # P02000116738	
--------------------------------	---

1. Entity Name
LGC BROKERAGE INC.

Principal Place of Business
**4412 LEE BLVD.
LEHIGH ACRES FL 33971
US**

Mailing Address
**4412 LEE BLVD.
LEHIGH ACRES FL 33971
US**



2. Principal Place of Business 4412 LEE Blvd.	3. Mailing Address 4412 LEE Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

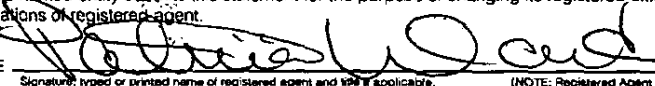
City & State Lehigh Acres, FL	City & State Lehigh Acres, FL
Zip 33971	Zip 33971
Country LEE	Country LEE

4. FEI Number 90-0041870	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent WARD, PATRICIA A MS. 1612 COUNTRY CLUB PKWY LEHIGH ACRES FL 33972	7. Name and Address of New Registered Agent 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  DATE **5-29-03**

Signature, typed or printed name of registered agent and state applicable. (NOTE: Registered Agent signatures required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT & TREASURER	<input type="checkbox"/> Delete	TITLE LARRY CRUPPER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARRY CRUPPER		NAME	
STREET ADDRESS 4412 LEE BLVD.		STREET ADDRESS	
CITY-ST-ZIP LEHIGH ACRES, FL 33971		CITY-ST-ZIP	
TITLE VICE-PRESIDENT & SECRETARY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAYMOND L. WARD		NAME	
STREET ADDRESS 1612 COUNTRY CLUB PKWY		STREET ADDRESS	
CITY-ST-ZIP LEHIGH ACRES, FL 33971		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE **4/25/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)