


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91776 015 ***158.75

0013862
FP

DOCUMENT # P02000132383	
1. Entity Name LHI DELRAY CORP.	

Principal Place of Business 4512 N FLAGLER DR STE 201 W PALM BCH FL 33401	Mailing Address 4512 N FLAGLER DR STE 201 W PALM BCH FL 33401
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2. Principal Place of Business 4512 N FLAGLER DR. Suite, Apt. #, etc. SUITE 201	3. Mailing Address PO Box 6848 Suite, Apt. #, etc.
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☐ CHECK HERE IF MAKING CHANGES

City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33407	Zip 33405-6848
Country USA	Country

4. FEI Number 30-0136279	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired X	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAY, MARK R 4512 N FLAGLER DR STE 201 W PALM BCH FL 33401

7. Name and Address of New Registered Agent Name MAY, MARK L. Street Address (P.O. Box Number is Not Acceptable) 4512 N FLAGLER DR., STE 201 City WEST PALM BEACH FL Zip Code 33407

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  **4/19/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

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	
TITLE D	<input type="checkbox"/> Delete
NAME MAY, MARK R	
STREET ADDRESS 4512 N FLAGLER DR STE 201	
CITY-ST-ZIP W PALM BCH FL 33401	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAY, MARK R	
STREET ADDRESS 4512 N FLAGLER DR., STE 201	
CITY-ST-ZIP W PALM BEACH, FL 33407	
TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KAROSAS, MICHAEL R	
STREET ADDRESS 4512 N FLAGLER DR., STE 201	
CITY-ST-ZIP W PALM BEACH, FL 33407	
TITLE CFO, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COVE, MICHAEL L.	
STREET ADDRESS 4512 N FLAGLER DR., STE 201	
CITY-ST-ZIP W PALM BEACH, FL 33407	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:  **4/19/03** **561 835 1790**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)