

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

DOCUMENT # 008000097850	
1. Entity Name LCC TRANSPORTATION SERVICES, INC.	

FILED

09 APR 27 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1810 S.W. 155TH AVEUNE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIRAMAR, FL		City & State	
Zip 33027	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0422323		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name BARBARA FOUST	
Street Address (P.O. Box Number is Not Acceptable) 3401 N.W. 202ND STREET	
City MIAMI GARDENS	FL
Zip Code 33056	

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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. 500152785545	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LENWORTH SPENCE P.O. BOX 821511 PEMBROKE PINES, FL 33082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/27/09--01015--020 **150.00
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  LENWORTH SPENCE -PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2009

Date

954-249-3858

Daytime Phone #

004/30