

**2000 ORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90101 004 \*\*\*158.75

DOCUMENT # **P08424**  
 1. Entity Name  
**THE LPA GROUP INCORPORATED**

Principal Place of Business  
**PO Box 5805**  
**2530 Devine St**  
**Columbia SC 29250**

Mailing Address  
**PO Box 5805**  
**2530 Devine St**  
**Columbia SC 29250**

00001378

2. Principal Place of Business  
 City & State  
 Zip

3. Mailing Address  
 City & State  
 Zip

4. FBI Number  
**57-0716200**

5.  Central and State District **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**Clifford, Robert**  
**10008 North Dale Mabry Hwy Ste 202**  
**Tampa FL 33618**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>CEO</b>	TITLE	<b>V Holt, Paul A</b>
NAME	<b>Lott, R Blen</b>	NAME	<b>S255 Triangle Park Ste 300</b>
STREET ADDRESS	<b>2530 Devine St</b>	STREET ADDRESS	<b>NORCROSS GA 30092</b>
CITY-ST-ZIP	<b>Columbia SC 29205</b>	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>DP Parrish, Arthur E.</b>	TITLE	
NAME	<b>2530 Devine St</b>	NAME	
STREET ADDRESS	<b>Columbia SC 29205</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>SV Schriab Richard A.</b>	TITLE	
NAME	<b>2530 Devine St</b>	NAME	
STREET ADDRESS	<b>Columbia SC 29205</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>V Farzam, Elham</b>	TITLE	
NAME	<b>2530 Devine St</b>	NAME	
STREET ADDRESS	<b>Columbia SC 29205</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>V Wren, Dennis</b>	TITLE	
NAME	<b>2530 Devine St</b>	NAME	
STREET ADDRESS	<b>Columbia SC 29205</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>AS Lorenz Julie A</b>	TITLE	
NAME	<b>2530 Devine St</b>	NAME	
STREET ADDRESS	<b>Columbia SC 29205</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_