

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90033 038 ***158.75

0578951

DOCUMENT # P08424

1. Entity Name

THE LPA GROUP INCORPORATED

Principal Place of Business

P. O. BOX 5805
 2530 DEVINE ST.
 COLUMBIA SC 29250

Mailing Address

P. O. BOX 5805
 2530 DEVINE ST.
 COLUMBIA SC 29250

2. Principal Place of Business

700 Huger Street

Suite, Apt. #, etc.

PO BOX 5805

City & State

Columbia SC

Zip

29201

Country

US

3. Mailing Address

700 Huger Street

Suite, Apt. #, etc.

PO BOX 5805

City & State

Columbia SC

Zip

29201

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number **57-0716200**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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

TITLE	CEO	<input type="checkbox"/> Delete
NAME	LOTT, R. GLEN (CD)	
STREET ADDRESS	2530 DEVINE ST.	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PARRISH, ARTHUR E.	
STREET ADDRESS	2530 DEVINE ST.	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	SV	<input type="checkbox"/> Delete
NAME	SCHWAB, RICHARD A.	
STREET ADDRESS	2530 DEVINE ST.	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	V	<input type="checkbox"/> Delete
NAME	FARZAM, ELHAM	
STREET ADDRESS	2530 DEVINE STREET	
CITY-ST-ZIP	COLUMBIA SC 29205	
TITLE	V	<input type="checkbox"/> Delete
NAME	WIEHL, DENNIS	
STREET ADDRESS	2530 DEVINE STREET	
CITY-ST-ZIP	COLUMBIA SC 29205	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LORENZ, JULIE A	
STREET ADDRESS	2530 DEVINE STREET	
CITY-ST-ZIP	COLUMBIA SC 29205	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700 Huger Street	
CITY-ST-ZIP	Columbia SC 29201	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700 Huger Street	
CITY-ST-ZIP	Columbia SC 29201	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP	Columbia SC 29201	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700 Huger Street	
CITY-ST-ZIP	Columbia SC 29201	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700 Huger Street	
CITY-ST-ZIP	Columbia SC 29201	

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:

Bill A. Schmid
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.26.01 (803)254-2211
 Date Daytime Phone #

CR2E034 (10/00)