2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P25842

Entity Name: THE LEMOINE COMPANY INCORPORATED

FILED Jan 23, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4677 N. W. EVANGELINE THRUWAY CARENCRO, LA 70520			214 JEFFERSON ST SUITE 100 LAFAYETTE, LA 705		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4677 N. W. EVANGELINE THRUWAY CARENCRO, LA 70520			214 JEFFERSON STREET SUITE 100 LAFAYETTE, LA 70501		
FEI Number:	72-0545038	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
1200 S. PIN PLANTATIO	DRATION SYS IE ISLAND RO DN, FL 33324 named entitys	DAD	ourpose of changing its register	ad office or registered agent, or both	
in the State				eu onice or registereu auent, or botii.	
III the State	of Florida.	·		ed office of registered agent, or both,	
SIGNATUR	E:				
	E:	ic Signature of Registered Ag		Date	
SIGNATUR	E: Electron	ic Signature of Registered Ag	ent	Date	
SIGNATUR	E: Electron paign Financing AND DIREC	ic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete DTHY J., IGELINE THWY	ent		
SIGNATUR Election Cam OFFICERS Title: Name: Address:	E: Electron Paign Financing AND DIREC PD () LEMOINE, TIMO 4677 NW EVAN CARENCRO, LA	ic Signature of Registered Ago g Trust Fund Contribution (). TORS: Delete DTHY J., IGELINE THWY A. Delete NARD K., IGELINE THWY	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTORS	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DONALD H. BROUSSARD, JR. STD 01/23/2003

4677 NW EVANGELINE THWY

CARENCRO, LA

Address:

City-St-Zip: