

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90027 001 ***150.00
 02-02-2001 90027 002 *****8.75

DOCUMENT # P34254

1. Entity Name
L-C ASSOCIATES, INC.

Principal Place of Business
**1960 SILAS DEANE HWY
 ROCKY HILL CT 06067**

Mailing Address
**1960 SILAS DEANE HWY
 ROCKY HILL CT 06067**

24099



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1035896**

Applied For
 Not Applicable

Zip *

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHUANG, FRANK S.
 17288 BRIDLEWAY TRAIL
 BOCA RATON FL 33496**

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.
 (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	CHUANG, FRANK S.	
STREET ADDRESS	38 STONEGATE DR.	
CITY-ST-ZIP	WETHERSFIELD CT	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	CHUANG, LILY L.	
STREET ADDRESS	38 STONEGATE DR.	
CITY-ST-ZIP	WETHERSFIELD CT	
TITLE	PT	<input type="checkbox"/> Delete
NAME	CHUANG, FRANK S.	
STREET ADDRESS	38 STONEGATE DR.	
CITY-ST-ZIP	WETHERSFIELD CT	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CHUANG, LILY L.	
STREET ADDRESS	38 STONEGATE DR.	
CITY-ST-ZIP	WETHERSFIELD CT	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		

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: FRANK S. CHUANG PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2001 (860) 721-8372
Date Daytime Phone #

CORPORATION DEPARTMENT OF STATE