

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90328 025 \*\*\*150.00

0688774 AB

**DOCUMENT # P39347**

1. Entity Name  
**LCS CORRECTIONS SERVICES, INC.**



Principal Place of Business  
**147 EASY ST  
LAFAYETTE LA 70506  
US**

Mailing Address  
**147 EASY ST  
LAFAYETTE LA 70506  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **72-1161535**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOTTLIEB & GOTTLIEB, P.A.  
2475 ENTERPRISE RD.  
STE 100  
CLEARWATER FL 33763**

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. 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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LEBLANC, PATRICK L.	
STREET ADDRESS	147 EASY ST	
CITY-ST-ZIP	LAFAYETTE LA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEBLANC, MICHAEL W.	
STREET ADDRESS	147 EASY ST	
CITY-ST-ZIP	LAFAYETTE FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	EVANS, JAMES B.	
STREET ADDRESS	2475 ENTERPRISE, #300	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOTTLIEB, RICHARD	
STREET ADDRESS	2475 ENTERPRISE #100	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROHRBAUGH, ALBERT	
STREET ADDRESS	80 ROGERS ST PH-A	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOTTLIEB, JERRY	
STREET ADDRESS	2475 ENTERPRISE #100	
CITY-ST-ZIP	CLEARWATER FL 33763	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	

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

SIGNATURE: *Patrick L. LeBlanc* **Patrick L. LeBlanc** 4/25/03 337-234-1533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)