

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90091 026 \*\*\*150.00

**DOCUMENT # P93000000152**

1. Entity Name  
**LLOYD PRESCOTT & CHURCHILL, INC.**



Principal Place of Business  
**4803 GEORGE ROAD  
STE. 360  
TAMPA FL 34634  
US**

Mailing Address  
**4803 GEORGE ROAD  
STE. 360  
TAMPA FL 34634  
US**

11000075



2. Principal Place of Business

**24701 US HIGHWAY 19 NORTH**

3. Mailing Address

**Same**

Suite, Apt. #, etc.  
**SUITE 102**

City & State  
**Clearwater FL**

Zip  
**33763**

Country  
**US**

City & State

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3162011**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GORDON, MANUEL F  
4803 GEORGE ROAD  
STE. 360  
TAMPA FL 34634**

7. Name and Address of New Registered Agent

Name  
**Same**  
Street Address (P.O. Box Number is Not Acceptable)  
**24701 US HIGHWAY 19 NORTH  
SUITE 102  
Clearwater FL 33763**

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 **Manuel F. Gordon Sec/Treas**

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

(NOTE: Registered Agent signature required when reinstating)

**4/18/03**  
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

TITLE **D** ☐ Delete  
NAME **GORDON, MANUEL F**  
STREET ADDRESS **4803 GEORGE ROAD, SUITE 360**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **D** ☐ Delete  
NAME **GINSBERG, SHELDON M**  
STREET ADDRESS **4803 GEORGE ROAD, SUITE 360**  
CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Same** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **24701 US HIGHWAY 19 NORTH #102**  
CITY-ST-ZIP **Clearwater, FL 33763**

TITLE **Same** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **24701 US HIGHWAY 19 NORTH #102**  
CITY-ST-ZIP **Clearwater FL 33763**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Manuel F. Gordon Sec/Treas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/2003 813-881-1110**  
Date Daytime Phone #

CR2E034 (10/02)