

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2001 8:00 am
Secretary of State

08-17-2001 90005 050 ***550.00

DOCUMENT # P93000012561

1. Entity Name
LSG & ASSOCIATES, INC.

Principal Place of Business
8 EAST WOOD LANE
BELLEAIRE FL 34616

Mailing Address
2840 WEST BAY DRIVE
BOX #267
BELLEAIRE BLUFFS FL 33770

A0081851



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

65-0392757

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

CHADWICK, JEFFREY A.
8 EAST WOOD LANE
BELLEAIRE FL 34642

Name

Donald W. Yetter

Street Address (P.O. Box Number is Not Acceptable)

1111 9th Ave. W. Suite B

City

Bradenton

FL

Zip Code

34205

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

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

DONALD W. YETTER, ESQ.

(NOTE: Registered Agent signature required when reinstating)

August 14, 2001

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** ☐ Delete
 NAME **STEARMAN, C. WILLIAM**
 STREET ADDRESS **11091 CROOKED STICK LANE**
 CITY-ST-ZIP **CARMEL IN 46032**

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

TITLE **VP** ☐ Delete
 NAME **CHADWICK, JEFFREY A**
 STREET ADDRESS **8 EAST WOOD LANE**
 CITY-ST-ZIP **BELLEAIRE FL 34616**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2840 West Bay Dr. #267**
 CITY-ST-ZIP **Belleair Bluffs, FL 33770**

TITLE **ST** ☐ Delete
 NAME **STEARMAN, JENNIFER**
 STREET ADDRESS **11091 CROOKED STICK LANE**
 CITY-ST-ZIP **CARMEL IN 46032**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Jennifer Stearman* **SIGNATURE REQUIRED** *Jennifer Stearman Sec* **8/9/01 317-844-4563**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)