

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056060

1. Entity Name

LOMAX & COMPANY, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90011 017 ***150.00

Principal Place of Business

Mailing Address

21427 PAGOSA CT
BOCA RATON FL 33486
US

21427 PAGOSA CT
BOCA RATON FL 33486-1402
US

2. Principal Place of Business

3. Mailing Address

5300 CASA REAL DR.

5300 CASA REAL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DELRAY BCH. FL

City & State
DELRAY BCH. FL

4. FEI Number 65-0429754

Applied For
Not Applicable

Zip Country
33484 PALM BCH.

Zip Country
33484 PALM BCH.

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

LOMAX, RAYMOND T
21427 PAGOSA CT
SUITE A265
BOCA RATON FL 33486

Name LOMAX, RAYMOND T.

Street Address (P.O. Box Number is Not Acceptable)
5300 CASA REAL DR.

City DELRAY BEACH FL Zip Code 33484

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 Raymond T. Lomax RAYMOND T. LOMAX

3/7/00

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2000 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 PD
NAME LOMAX, RAY
STREET ADDRESS 21427 PAGOSA CT
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5300 CASA REAL DR.
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: Raymond T. Lomax RAYMOND T. LOMAX

3/7/00

561-499-5019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)