

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000067374

1. Entity Name

LCM ENGINEERING, INC.

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90004 047 \*\*\*550.00

Principal Place of Business

5389 MARINA DRIVE  
BOKEELIA FL 33922  
US

Mailing Address

5389 MARINA DR.  
BOKEELIA FL 33922  
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

65-0438967

Applied For

Not Applicable

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

MIDLAM, LEWIS C  
5383 MARINA DR  
BOKEELIA FL 33922

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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 MIDLAM, LEWIS C  
STREET ADDRESS 5389 MARINA DR  
CITY-ST-ZIP BOKEELIA FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

*THOMAS LEWIS C MIDLAM*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/9/2000

Daytime Phone #

941-283-8242

CR2E034 (5/00)

Attachment

DOC#: P930000067374  
DW79876

TO WHOM IT MAY CONCERN;

MY ACCOUNTANT INFORMED ME ON AUG. 7<sup>TH</sup>  
ABOUT HIS OVERSIGHT WITH REGARDS TO THIS  
RENEWAL FEE. I WAS OUT OF FLORIDA BETWEEN  
MAY 1<sup>ST</sup> AND JULY 12<sup>TH</sup> AND MOVED TO MY  
PRESENT ADDRESS ON JULY 13<sup>TH</sup>. NOTHING WAS  
EVER MENTIONED TO ME UNTIL 3 DAYS AGO  
CONCERNING THIS RENEWAL FEE.

PLEASE ACCEPT THIS PAYMENT OF 150<sup>00</sup> AS  
THE LATE FEE IS NOT ONLY EXCESSIVE BUT  
"DEBILITATING". MY ACCOUNTANT IS CROSSING  
HIS FINGERS THAT YOU'LL ACCEPT THIS HONEST  
OVERSIGHT ON HIS PART.

IF YOU NEED TO CONTACT MY (941) 343-9720  
4402 LITTLE JOHN TRAIL  
SARASOTA, FL 34232

OR CONTACT HIM DIRECTLY AT (954) 894-7222  
450 N. PARK RD STE 707  
HOLLYWOOD, FL 33021

Thank You Geoffrey