

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000074946

1. Entity Name

LMN, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90113 011 ***150.00

Principal Place of Business

Mailing Address

3300 S. HIAWASSEE RD.
SUITE 107
ORLANDO FL 32835
US

3300 S. HIAWASSEE RD.
SUITE 107
ORLANDO FL 32835-6350
US

2. Principal Place of Business

3. Mailing Address

800 N. Highland Ave
Suite, Apt. #, etc.
200

800 N. Highland Ave
Suite, Apt. #, etc.
200

City & State
Orlando, FL

City & State
Orlando, FL

Zip Country
32803 USA

Zip Country
32803 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3211233

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

WILLIAMS, WARREN E
28 W CENTRAL BLVD
ORLANDO FL 32802

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 \$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 ☐ Delete
NAME D
CHIRA, LEE
STREET ADDRESS 3300 SOUTH HIAWASSEE RD., #107
CITY-ST-ZIP ORLANDO FL 32835

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lee Chira
LEE CHIRA

2/28/00

407-297-1400

CR2E034 (9/99)