

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90002 014 ***150.00

DOCUMENT # P94000033428

1. Entity Name
BARBARA LEHMAN INC.



Principal Place of Business
10660 NW 17 PL
PLANTATION FL 33322

Mailing Address
10660 NW 17 PL
PLANTATION FL 33322



2. Principal Place of Business
961 SW 68th AVE
 Suite, Apt. #, etc.

3. Mailing Address
6311 HADLEY GREEN CT.
 Suite, Apt. #, etc.
304

DO NOT WRITE IN THIS SPACE

City & State
PLANTATION FL
 Zip
33317
 Country
USA

City & State
CHARLOTTE NC
 Zip
28210
 Country
USA

4. FEI Number **65-0489257**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEHMAN, BARBARA
10660 NW 17 PL
PLANTATION FL 33322

7. Name and Address of New Registered Agent
 Name **BARBARA LEHMAN**
 Street Address (P.O. Box Number is Not Acceptable)
961 SW 68th AVE
 City **PLANTATION** **FL** Zip Code **33317**

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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P LEHMAN, BARBARA 10660 NW 17 PLACE PLANTATION FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P LEHMAN, BARBARA 961 SW 68th AVE PLANTATION FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of 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: Barbara Lehman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/01 704/552-2115
 Date Daytime Phone #

CR2E034 (5/01)

Attachment
D# P9400003342
A 0080987
Barbara Lehman • 6311 Hadley Green Ct. #304 • Charlotte, NC 28210 • 704-552-2115 • Fax 552-6711

DATE: July 30, 2001

RE: FEI #65-0489257
Barbara Lehman Inc.

Last week I received a notice regarding a late filing fee of \$550.00. I never received the previous mailing which would have required a fee of \$150.--

I moved from 10660 NW 17th Place, Plantation, FL 33322. The new local address for my primary office space now is 961 SW 68th Ave., Plantation, FL 33317. In addition, **I now have a second location in Charlotte, NC** (address on letterhead). As a result of these two moves, there have been many postal problems receiving mail in a timely way or, sometimes, not receiving it at all.

I apologize for not realizing that it is the time of year to file and that the expected paperwork was missing. \$550 is way beyond my financial means at this time. I, therefore, respectfully request that the State accept the enclosed check and report.

Thank you for your consideration and, once again, my apologies.

Sincerely,


Barbara Lehman

*Check enclosed (\$150)
Report enclosed*