FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 24, 2002 8:00 am **Secretary of State** P94000035137 DOCUMENT # 1. Entity Name 02-24-2002 90087 040 ***158.75 LBC CAPITAL CORPORATION Principal Place of Business Mailing Address 7968 ROYAL BIRKDALE CIR 7966 ROYAL BIRKDALE CIR **BRADENTON FL 34202** BRADENTON FL 34202 2. Principal Place of Business 3. Mailing Address 141 Charles MacDonald Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0488597 ALAS OTA Araso ta Not Applicable Country CARASO TO \$8.75 Additional 5. Certificate of Status Desired ARASOTA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAME LEOPOLD, HARRY Street Address (P.O. Box Number is Not Acceptable) 7966 ROYAL BIRKDALE CIR **BRADENTON FL 34202** Macomald Drun 8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida DATE (NOTE: Registered Agent signature required when reinstating) nt and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees «See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) Addition TITLE ☐ Delete TITLE 5AM E LEOPOLD, HARRY NAME NAME 7966 ROYAL BIRKDALE CIR STREET ADDRESS STREET ADDRESS **BRADENTON FL 34202** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP [] Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 his 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 applicase, with all other like empowered. SIGNATURE:

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR