

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA4000058011**
 1. Entity Name
LUCIEN FONTAINE, Inc

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 01 NOV 30 AM 11:16

Principal Place of Business Mailing Address
1670 Riverwood Ln **1670 Riverwood Ln**
Coral Springs, FL **Coral Springs 33071**

2. Principal Place of Business 3. Mailing Address
3510 - OAKS WAY
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Pompano Beach FL
 Zip Country Zip Country
33069

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0513899**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
Did not receive previous notices

7. Name and Address of New Registered Agent
 Name **MARSHA FONTAINE**
 Street Address (P.O. Box Number is Not Acceptable)
3510 OAKS WAY
 City **Pompano Beach** FL Zip Code **33069**

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. ☐ **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 ☐ Delete **33071**
 STREET ADDRESS **Fontaine, Lucien FL**
 CITY-ST-ZIP **1670 Riverwood Ln Coral Springs**
 TITLE NAME ☐ Delete
 STREET ADDRESS **Fontaine Marsha**
 CITY-ST-ZIP **1670 Riverwood Ln Coral Springs FL 33071**
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Change ☐ Addition
~~3000004719139-1~~
~~12/11/01-0107-017~~
~~****150.00 ****150.00~~
☐ Change ☐ Addition
3000004719139-1
-12/11/01-0107-017 ☐ Addition
******150.00 ****150.00**
☐ Change ☐ Addition
12/11/01
☐ Change ☐ 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 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: **Marsha Fontaine, VP** **10-23-01 954-684-8623**

CR2E034 (5/01)