FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 24, 2002 8:00 am **Secretary of State** P94000066868 DOCUMENT # 1. Entity Name 02-24-2002 90087 043 ***158.75 LBC CAPITAL RESOURCES, INC. Principal Place of Business Mailing Address 7966 ROYAL BIRKDALE CIRCLE 7966 ROYAL BIRKDALE CIRCLE **BRADENTON FL 34202** BRADENTON FL 34202 2. Principal Place of Business 3. Mailing Address 3141 Charles Hardond Drive 141 Charles Mac Donal Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0525062 SAMSOM SARASORA Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 42450713 4240 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEOPOLD, HARRY Street Address (P.O. Box Number is Not Acceptable) 11883 PEBBLEWOOD DRIVE **WELLINGTON FL 33414** Chales Crac I male of we Zip Code 8. The above named entity submits this systement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE ent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is engible 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE TITLE SAME ☐ Delete LEOPOLD, HARRY NAME NAME 7966 ROYAL BIRKDALE CIRCLE STREET ADDRESS STREET ADDRESS **BRADENTON FL 34202** CITY-ST-7IP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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