

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067086

1. Entity Name

LIGNUM & LAPIS CONTRACTOR, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90225 021 ***150.00

Principal Place of Business

201 N ALBANY AVE
TAMPA FL 33606

Mailing Address

201 N ALBANY AVE
TAMPA FL 33606-1502

2. Principal Place of Business

1705 W. State Street

Suite, Apt. #, etc.

Tampa, FL

City & State

3. Mailing Address

1705 W. State

Suite, Apt. #, etc.

Tampa, FL

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3267028

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

BUCKLEY, BENJAMIN K
201 N ALBANY AVE
TAMPA FL 33606

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]

4.07.00

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 | D | <input type="checkbox"/> Delete |
| NAME | BUCKLEY, BENJAMIN K | |
| STREET ADDRESS | 201 N ALBANY AVE | |
| CITY-ST-ZIP | TAMPA FL 33606 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MCCARTHY, JOSEPH | |
| STREET ADDRESS | 806 E. HOLLYWOOD ST. | |
| CITY-ST-ZIP | TAMPA FL 33612 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| 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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.07.00 813.251.9386

CR2E034 (9/99)