

2000-UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90052 008 ***150.00

DOCUMENT # P94000090044

1. Entity Name

LEXICOR, INC.

Principal Place of Business

Mailing Address

21346 ST. ABDEWS BLVD.
 STE #433
 BOCA RATON FL 33486

21346 ST. ABDEWS BLVD.
 STE #433
 BOCA RATON FL 33486

A0051593



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

21346 ST. ANDREWS BLVD
 Suite, Apt. #, etc.
 SUITE #433

21346 ST. ANDREWS BLVD
 Suite, Apt. #, etc.
 SUITE #433

City & State
 Boca Raton, FL
 Zip
 33433
 Country
 USA

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 Boca Raton, FL
 Zip
 33433
 Country
 USA

4. FEI Number **65-0432395**

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

LAUNE, SHELTON
 21646 ST. ANDREWS BLVD.
 STE #433
 BOCA RATON FL 33433

Name
 Laurie Shelton
 Street Address (P.O. Box Number is Not Acceptable)
 21346 St. Andrews Blvd
 Suite 433
 City Boca Raton FL Zip Code 33433

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 \$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 **P** ☐ Delete
 NAME **SHELTON, LAURIE**
 STREET ADDRESS **#1346 ST. ANDREWS BLVD.**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **President** ☒ Change ☐ Addition
 NAME **Laurie Shelton**
 STREET ADDRESS **21346 ST. Andrews Blvd Suite 433**
 CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000

Date

Daytime Phone #

CR2E034 (9/99)