

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90178 018 ***150.00

0023463 AT

DOCUMENT # P95000021713

1. Entity Name
LIDO BUILDING CO INC

Principal Place of Business

**10744 CROSSWICKS ROAD
 JACKSONVILLE FL 32256**

Mailing Address

**3351 KEITHSHIRE WAY
 LEXINGTON KY 40503-3408**

2. Principal Place of Business

**4822 GREENCROFT RD
 Suite, Apt. #, etc.**

3. Mailing Address

**4822 GREENCROFT RD
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

61-1215356

Applied For

Not Applicable

Zip

34235

Country

JACKSONVILLE

Zip

34235

Country

JACKSONVILLE

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

CORRIDONI, JAMES

**10744 CROSSWICKS ROAD
 JACKSONVILLE FL 32256**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-10-02
 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, 2002 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 **PD** ☐ Delete
 NAME **CORRIDONI, JAMES**
 STREET ADDRESS **10744 CROSSWICKS ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☒ Change ☐ Addition
 NAME **4822 GREENCROFT RD**
 STREET ADDRESS **JACKSONVILLE FL 34235**
 CITY-ST-ZIP **JACKSONVILLE FL 34235**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-02

CR2E034 (9/01)