

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90372 048 ***150.00

UNIFORM
AN

DOCUMENT # P95000031705

1. Entity Name
LBS CONSTRUCTION SERVICES, INC.



Principal Place of Business
1808 SILVER VALLEY CT
0
APOPKA FL 32712
US

Mailing Address
1808 SILVER VALLEY CT
#205
APOPKA FL 32712
US



2. Principal Place of Business

135 JAMES RACE
Suite, Apt. #, etc.

3. Mailing Address

135 JAMES RACE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MAITLAND FL

Country

City & State
MAITLAND FL

Country

4. FEI Number **59-3312841**

Applied For
Not Applicable

Zip
32751

Country

Zip
32751

Country

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

SCHNAPER, LARRY B
1808 SILVER VALLEY CT
APOPKA FL 32712

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
SCHNAPER, JILLIAN
1808 SILVER VALLEY CT
APOPKA FL 32779

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SCHNAPER, LARRY
1808 SILVER VALLEY CT.
APOPKA FL 32712

☐ Delete

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☐ Change ☐ Addition

12. 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 10 or Block 11 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

1/24/2003

Date

Daytime Phone #

CR2E034 (10/02)