

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90052 049 ***150.00

DOCUMENT # P95000042283

1. Entity Name

LUCAS WARING ENTERPRISES, INC.

Principal Place of Business

**RTE 1 BOX 3200
 I-10 AND SR 53 SOUTH
 MADISON FL 32340**

Mailing Address

**RTE 1 BOX 3200
 I-10 AND SR 53 SOUTH
 MADISON FL 32340**

2. Principal Place of Business

**167 S.E. BANDIT ST.
 Suite, Apt. #, etc.
 I-10 & S.R. 53 SOUTH**

3. Mailing Address

**167 S.E. BANDIT ST.
 Suite, Apt. #, etc.
 I-10 & S.R. 53 SOUTH**

City & State

MADISON FL

City & State

MADISON, FL

Zip

32340

Country

USA

Zip

32340

Country

USA

4. FEI Number

59-3319597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WARING, LUCAS M
 RTE 1 BOX 3200
 I-10 AND SR 53 SOUTH
 MADISON FL 32340**

7. Name and Address of New Registered Agent

Name **WARING, LUCAS M.**
 Street Address (P.O. Box Number is Not Acceptable)
**167 S.E. BANDIT ST.
 I-10 & SR 53 SOUTH**
 City **MADISON, FL** Zip Code **32340**

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

Lucas M. Waring **PRES. LUCAS M. WARING**

1-15-01

(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, 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

TITLE **DP** ☐ Delete
 NAME **WARING, LUCAS M**
 STREET ADDRESS **RTE 1 BOX 3200**
 CITY-ST-ZIP **MADISON FL 32340**

TITLE **DST** ☐ Delete
 NAME **WARING, ELIZABETH J**
 STREET ADDRESS **RTE 1 BOX 3200**
 CITY-ST-ZIP **MADISON FL 32340**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **167-SE. BANDIT ST.**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **167 S.E. BANDIT ST.**
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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:

Lucas M. Waring
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01

850-993-2020

Date

Daytime Phone #

CR2E034 (9/01)