## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

SIGNATURE:

## DOCUMENT # **P95000049904** May 15, 2000 8:00 am Secretary of State LEMCO, INC. 05-15-2000 90154 020 \*\*\*158.75 Principal Place of Business Mailing Address 127 N.W. 13TH STREET 127 N.W. 13TH STREET SUITE #2 SUITE #2 BOCA RATON FL 33432 BOCA RATON FL 33432-1632 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0590024 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required --7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name . 7 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE Delete LASATER, MARVIN G NAME NAME STREET ADDRESS STREET ADDRESS 127 N.W. 13TH #2 CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE STIPO, JOHN A NAME STREET ADDRESS STREET ADDRESS 127 N.W. 13TH #2 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change Addition ☐ Delete TITLE TITLE STIPO, DANA M NAME NAME STREET ADDRESS 127 N.W. 13TH #2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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