

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91180 001 \*\*\*167.50

00069828

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P95000049904  
**1. Entity Name**  
 LEMCO, INC.

**Principal Place of Business**      **Mailing Address**  
 127 NW 13th Street      127 NW 13th Street  
 Suite 2      Suite 2  
 Boca Raton, FL 33432      Boca Raton, FL 33432

**2. Principal Place of Business**      **3. Mailing Address**  
 Above      Above  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
 Zip      Country      Zip      Country

**4. FEI Number**      **Applied For**  
 65-0590024      Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 THE LAW FIRM OF LAWRENCE J. SPIEGEL CHRTD  
 343 Almeria Avenue  
 Coral Gables, FL 33134

**7. Name and Address of New Registered Agent**  
 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 resigning) DATE

This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW WITH**  
**After MAY 1, 2001**  
**Fee will be \$550.00**  
**Check Payment to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LASATER, MARVIN G. 127 NW 13th Street, Suite 2 Boca Raton, FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STIPO, JOHN A. 127 NW 13 Street, Suite 2 Boca Raton, FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STIPO, DANA M. 127 NW 13th Street, Suite 2 Boca Raton, FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 687, 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:** Marvin Lasater *Marvin Lasater* April 24, 2001 (561) 395-0600

CR2E034 (11/00)