

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91410 007 \*\*\*150.00

DOCUMENT # P95000050586

1. Entity Name

LANSCOT, INC.



Principal Place of Business

850 RIDGE LAKE BLVD

220

MEMPHIS TN 38120

US

Mailing Address

850 RIDGE LAKE BLVD

300

MEMPHIS TN 38120

US

2. Principal Place of Business

850 RIDGE LAKE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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Suite, Apt. #, etc.

City & State

MEMPHIS, TN

Zip

38120

Country

USA

City & State

City & State

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4. FEI Number

62-1608596

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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

(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	PD	<input type="checkbox"/> Delete
NAME	FORSICK, H. LANCE SR.	
STREET ADDRESS	850 RIDGE LAKE BLVD STE 300	
CITY-ST-ZIP	MEMPHIS TN 38120	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOOD, SCOTT W	
STREET ADDRESS	850 RIDGE LAKE BLVD STE 300	
CITY-ST-ZIP	MEMPHIS TN 38120	
TITLE		<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 of H. Lance Forsick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

901-7677005

Date

Daytime Phone #

CR2E034 (10/02)