

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000079746**

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90026 049 ***150.00

Entity Name **LACOMB & ASSOCIATES, INC.**

Principal Place of Business

**380 CHURCH RD
 TEQUESTA FL 33469**

Mailing Address

**P O BOX 4442
 TEQUESTA FL 33469**

2. Principal Place of Business

**1508 Cypress Dr. #4
 Jupiter FL**

3. Mailing Address

**1508 Cypress Dr. #4
 Jupiter FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0631988**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LACOMB, RENE
 380 CHURCH RD
 TEQUESTA FL 33469**

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 "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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 ☐ Delete
 NAME **CO LACOMB, RENE**
 STREET ADDRESS **380 CHURCH RD**
 CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ Delete
 NAME **DS LACOMB, JOHN**
 STREET ADDRESS **380 CHURCH RD**
 CITY-ST-ZIP **TEQUESTA FL 33469**

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 **Rene LaCass**
 STREET ADDRESS **1508 cypress Dr. #4**
 CITY-ST-ZIP **Jupiter FL 33469**

TITLE ☒ Change ☐ Addition
 NAME **John LaCass**
 STREET ADDRESS **1508 cypress Dr. #4**
 CITY-ST-ZIP **Jupiter FL 33469**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-1-01 561-744-6806

Attachment
P95000079746 9-1-01
COMM002

Division of Corporations,

Our Uniform Business Report

never reached our business. As we
have moved since last years filing.

Please take notice New Address:

RT LaCand Assoc.
1508 Cypress Dr. #4
Jupiter, FL 33469

I called in to this matter to
850-488-9000 I was told to write
a letter to state this and submit

150⁰⁰ filing fee. Please note new
filing address. Thank you for your attention.

Any Questions. 561-744-6806

John LaCand

Jh Lc