

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-27-2002 90451 030 ***150.00

DOCUMENT # P950000079746

1. Entity Name

R.J. LaComb + ASSOCIATES, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1508 Cypress Ave
Jupiter FL

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

City & State

Zip 33469

Country Palm Beach

Zip 33469

Country U.S.

4. FEI Number

65-0631988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name John LaComb

Street Address (P.O. Box Number is Not Acceptable)

380 church Rd.

City Tegucigalpa

FL

Zip Code 33469

**DO NOT WRITE
IN THIS SPACE**

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 fee 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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>CO</u> <u>LACOMB REND</u> <u>380 church Rd</u> <u>Tegucigalpa, FL 33469</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DS</u> <u>LACOMB John</u> <u>380 church Rd</u> <u>Tegucigalpa FL 33469</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-02 561-7446806
Date Daytime Phone #

CR2E034B (12/01)

Attachment
96465
P95 000079746

Florida Dept. State

Enclosed annual report

with name of current registered
agent. I had address change

last year never received

2002 report Block form

was subm. Sorry for leaving out.
Thank you

561-744-6806

John Lake