

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90206 044 ***150.00

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DOCUMENT # P96000000606

1. Entity Name
L. C. SERVICES, INC.



Principal Place of Business
**1544 C RD.
LOXAHATCHEE FL 33470**

Mailing Address
**1544 C RD.
LOXAHATCHEE FL 33470**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CARLTON, LARRY G
1544C ROAD
LOXAHATCHEE FL 33470**

4. FEI Number **65-0630469**

Applied For
 Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLTON, LARRY G 1544 C RD. LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete --
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARLTON, BRETT 1544 C ROAD LOXAHATCHEE FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. 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

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: _____ **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)

BRANDENBURG FINANCIAL
Clement C. Brandenburg, Jr., CPA, P.A.
Certified Public Accountant
Tax & Financial Planning

Attachment
90136307
996000000606

525 Flamingo Drive
West Palm Beach, Florida 33401

Telephone (561) 835-3700
Fax (561) 835-9393
Toll Free (866) 400-5646

May 13, 2003

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: L.C. Services, Inc.
Uniform Business Report

Dear Sirs:

We received the Uniform Business Report on Monday, May 12, 2003 in very poor condition. It looks as if it was on the floor of the post office. We have completed the report and submitted with payment immediately upon receipt. We have attached a copy of the front page and ask that this report be considered received timely. Your attention to this matter is greatly appreciated.

Sincerely,



Clement C Brandenburg, Jr., CPA