

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90608 008 \*\*\*150.00

**DOCUMENT # P96000013317**

1. Entity Name  
**LCC ENTERPRISES, INC.**

Principal Place of Business  
**515 NE 3RD STREET**  
**BOYNTON BEACH FL 33435**

Mailing Address  
**515 NE 3RD STREET**  
**BOYNTON BEACH FL 33435**

2. Principal Place of Business  
**515 NE 3RD STREET**

3. Mailing Address  
**AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**BOYNTON BEACH FL**

City & State  
**BOYNTON BEACH FL**

Zip  
**33435**

Country  
**USA**

Zip  
**33435**

Country  
**USA**

4. FEI Number  
**65-0643074**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**MORGAN, ADAMA J**  
**203-I ROYAL POINCIANA WAY**  
**PALM BEACH FL 33480**

## 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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>P</b> <b>CRONIN, LEICESTER C</b> <b>515 NE 3RD STREET</b> <b>BOYNTON BEACH FL 33435</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 another like empowered.

**SIGNATURE:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/22/02 - 561-654-7855

CR2E034 (9/01)