

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019080

1. Entity Name
LEK-COMP, INC.

FILED
May 12, 2001 8:00 am
Secretary of State
05-12-2001 90039 020 ***150.00

Principal Place of Business
12270 W COLONIAL DR
SUITE 110
WINTER GARDEN FL 34787

Mailing Address
12788 GILLARD RD.
WINTER GARDEN FL 34787

2. Principal Place of Business
12200 W. COLONIAL DR.
Suite, Apt. #, etc.
SUITE 100
City & State
WINTER GARDEN, FL.

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

Zip
34787
Country
USA

City & State
City
Country

4. FEI Number 59-3370258

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOWE, LINDA
12788 GILLARD RD.
WINTER GARDEN FL 34787

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE DP
NAME LOWE, COREY
STREET ADDRESS 12788 GILLARD RD.
CITY-ST-ZIP WINTER GARDEN FL 34787 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME LOWE, LINDA
STREET ADDRESS 12788 GILLARD RD.
CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME LOWE, LINELL
STREET ADDRESS 12788 GILLARD RD
CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME LOWE, CHAD
STREET ADDRESS 1064 CHELSEA PARC CR
CITY-ST-ZIP CLERMONT FL 34711 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DP
NAME LOWE, COREY
STREET ADDRESS 6107 CHANTRY ST
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME LOWE, WADE
STREET ADDRESS 12788 GILLARD RD
CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COREY LOWE

Date

Daytime Phone #

CR2E034 (10/00)