

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91776 013 ***158.75

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DOCUMENT # P96000044699

1. Entity Name
LHI LANTANA CORP.



Principal Place of Business
**20 MARLWOOD LANE
WEST PALM BEACH FL 33418**

Mailing Address
**20 MARLWOOD LANE
WEST PALM BEACH FL 33418**

2. Principal Place of Business

3. Mailing Address

7100-39 FAIRWAY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

706

City & State

**City & State
PALM BEACH GARDENS, FL**

Zip

Country

**Zip
33418**

Country

USA

4. FEI Number **65-0763862**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

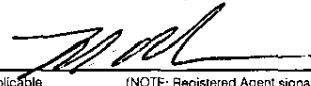
**MAY, MARK R
20 MARLWOOD LANE
WEST PALM BEACH FL 33418**

Name
MAY, MARK R
Street Address (P.O. Box Number is Not Acceptable)

4512 N FLAGLER DR., STE 201

City **WEST PALM BEACH** FL Zip Code **33407**

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 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/13

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MAY, MARK R**
STREET ADDRESS **20 MARLWOOD LANE**
CITY-ST-ZIP **WEST PALM BEACH FL 33418**

TITLE **D** ☒ Change ☐ Addition
NAME **MAY, MARK R**
STREET ADDRESS **4512 N FLAGLER DR., STE 201**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/13

Date

561 835 1790

Daytime Phone #

CR2E034 (10/02)