

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077047

1. Entity Name
L.C.D.S. ASSOCIATES, INC.

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90005 038 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3329 N US HWY 441
#27
FRUITLAND PARK FL 34731
US

4095 EMBASSY DR. SE
GRAND RAPIDS MI 49546
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3398359**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ELSBERRY, MICHAEL V
215 NORTH EOLA DRIVE
ORLANDO FL 32801

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324

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 *see attached change form*

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!!
After MAY 1, 2001
Make Check Payable

FEE IS \$150.00
Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	R Receiver STENGER, PHILLIP 4095 EMBASSY DR SE GRAND RAPIDS MI 49546	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for an 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 *Phillip Stenger Receiver*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

5/22/01
Date

466-940-1190
Daytime Phone #

CR2E034 (10/00)

Attachment Doc# P96000077047

CDD70713

Requester's Name	
P96000077047	
Address	
City/State/Zip	Phone #

100003509191--6
-12/20/00--01078--007
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- | | | |
|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy | | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

00 DEC 20 PM 2:34
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

P96000077047
382-2402
12-20-00
AM

**CERTIFICATE OF CHANGE OF
REGISTERED AGENT/REGISTERED OFFICE
OF
L.C.D.S. ASSOCIATES, INC.**

Pursuant to the provisions of Section 607.0502, Florida Statutes, **L.C.D.S. ASSOCIATES, INC.**, a corporation organized and existing under and by virtue of the laws of the State of Florida (the "Corporation"), hereby submits the following statement in designating a new Registered Office/Registered Agent, in the State of Florida:

1. The name of this corporation is:

L.C.D.S. ASSOCIATES, INC.

2. The name and address of the current registered agent is:

Michael V. Elsberry
215 North Eola Drive
Orlando, Florida 32801

3. The name and address of the registered agent is to be changed to:

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

FILED
00 DEC 20 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. The street address of the registered office of the corporation and the street address of the business office of its registered agent, as changed, will be identical.

5. That Phillip S. Stenger, as Receiver, of the Corporation has been authorized by resolution duly adopted by the board of directors to execute this Certificate of Change on behalf of the Corporation.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Change as of the 7th day of ^{November} ~~September~~, 2000.

L.C.D.S. ASSOCIATES, INC., a Florida corporation

By: 
Phillip S. Stenger, Receiver

Attachment Doc# PC16000027047

C0070713

ACCEPTANCE OF REGISTERED AGENT

The undersigned hereby accepts the designation as Registered Agent of L.C.D.S.
ASSOCIATES, INC.

CT Corporation System

By: Vicky Goldstein

Printed Name: VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY