

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90854 043 \*\*\*150.00

0487832 AV

**DOCUMENT # P96000084621**

1. Entity Name

**LOURCEY INDUSTRIES, INC.**

Principal Place of Business

**1 75 EXT 21 PEST S PKWY  
 FORT MYERS FL 33913**

Mailing Address

**967 ADELPHI CT  
 FT MYERS FL 33919**

2. Principal Place of Business

**I-10 West Bound Area**

3. Mailing Address

**1439 S. Church St.**

Suite, Apt. #, etc.

**MIle Market 319**

Suite, Apt. #, etc.

**APT # E**

City & State

**Lake City FL**

City & State

**Lake City FL**

Zip

**32025**

Country

**Baker**

Zip

**32025**

Country

**Columbia**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0712296**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LOURCEY, MICHAEL A**

**14080 JET PORT LOOP ROAD  
 FORT MYERS FL 33913**

7. Name and Address of New Registered Agent

Name

**Lourcey Michael A**

Street Address (P.O. Box Number is Not Acceptable)

**1439 S. Church St.**

**APT # E**

City

**Lake City**

**FL**

Zip Code

**32025**

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

**Michael A. Lourcey** **Michael A. Lourcey President** **4-29-02**

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

TITLE **P** ☐ Delete  
 NAME **LOURCEY, MICHAEL**  
 STREET ADDRESS **967 ADELPHI CT**  
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition  
 NAME **Lourcey Michael**  
 STREET ADDRESS **1439 S. Church St.**  
 CITY-ST-ZIP **Lake City FL 32025**

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

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

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:

**Michael A. Lourcey** **Michael A. Lourcey** **4-29-02** **(386) 961-8959**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)