

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90003 047 ***150.00

DOCUMENT # P96000099884

1. Entity Name
LMH INVESTMENTS, INC.



Principal Place of Business
**11 BROADRIVER ROAD
ORMOND BEACH FL 32174
US**

Mailing Address
**11 BROADRIVER ROAD
ORMOND BEACH FL 32174
US**

70000102



2. Principal Place of Business
555 W. GRADADA BLVD

3. Mailing Address
555 W. GRADADA BLVD

Suite, Apt. #, etc.
UNIT G-4

Suite, Apt. #, etc.
UNIT G-4

City & State
ORMOND BEACH, FL

City & State
ORMOND BEACH, FL

4. FEI Number
59-3429767

Applied For
Not Applicable

Zip
32174

Country
US

Zip
32174

Country
US

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HEASTER, LEWIS M
11 BROADRIVER ROAD
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
555 W. GRADADA BLVD UNIT G-4
City
ORMOND BEACH FL Zip Code
32174

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input type="checkbox"/>
	HEASTER, LEWIS M			<input type="checkbox"/>
	11 BROADRIVER ROAD			<input type="checkbox"/>
	ORMOND BEACH FL 32174			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
	555 W. GRADADA BLVD			<input type="checkbox"/>	<input type="checkbox"/>
	UNIT G-4			<input type="checkbox"/>	<input type="checkbox"/>
	ORMOND BEACH, FL 32174			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date
1/6/03

Daytime Phone #
386-673-6262

CR2E034 (10/02)