## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 14, 2001 8:00 am Secretary of State DOCUMENT # **P97000037600** LPH ENTERPRISES, INC. 05-14-2001 90167 001 \*1,428.75 Principal Place of Business Mailing Address 6550 ROOSEVELT BLVD. 6550 ROOSEVELT BLVD. JACKSONVILLE FL 32244 JACKSONVILLE FL 32244 2. Principal Place of Business 3. Mailing Address 8232 Ramona Blvd. 8232 Ramona Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3438339 Jacksonville, Fl. Jacksonville, Fl. Not Applicable Country US <sup>Zip</sup> 32221 Zip 32221 **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ronald W. Fussell LOCKWOOD, HOLMES Street Address (P.O. Box Number is Not Acceptable) 6550 ROOSEVELT BLVD. 8232 Ramona Blvd. JACKSONVILLE FL 32244 City Jacksonville ent for the purpose of Janging its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this stater 4-26-01 Ronald W. Fussell (NOTE: Registered Agent signature required when reinstating SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) XXXX hange ☐ Addition TITLE Delete TITLE D P S HOLMES, LOCKWOOD NAME NAME Lockwood P. Holmes STREET ADDRESS 6550 ROOSEVELT BLVD. STREET ADDRESS 8232 Ramona Blvd. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32244 Jacksonvīlles Fl. TITLE ☐ Delete TITLE NAME Ronald W. Fussell STREET ADDRESS STREET ADDRESS 8232 Ramona Blvd. CITY-ST-ZIP CITY-ST-ZIP Jacksonville, Fl. ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Channe Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 receive or flustee exprovered 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 atta Ronald W. Fussell4-26-0/