03

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
01/06/03
03 MAY -9 PM 1:10
900038-031-$70.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000040158

1. Entity Name
Lufcy Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3165 McCrory Place	3165 McCrory Place
Suite, Apt. #, etc. Suite 299	Suite, Apt. #, etc. Suite 299
City & State Orlando, FL	City & State Orlando, FL
Zip 32803 Country Orange	Zip 32803 Country Orange

4. FEI Number 59-3444750 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Charles Lufcy

Street Address (P.O. Box Number is Not Acceptable): 3165 McCrory Place Suite 299

City: Orlando FL Zip Code: 32803

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	C.E.O.-Treasurer Charles Lufcy 306 E. SOUTH ST. # 6018 Orlando, FL 32801	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 800018673598 05/09/03--01056--016 **80.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Micaiah Lufcy 13941 FOX MEADOW DR. Orlando, FL 32826	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRES. Asst. Treasurer Keturah Lufcy 3063 PLAZA TERRACE DR Orlando, FL 32803	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Dustin Schieber 1207 WINDING CHASE BLVD. WINTER SPRINGS, FL 32708	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst. Secretary Noah Lufcy 985 TURKEY HOLLOW CIR. WINTER SPRINGS, FL 32708	TITLE / NAME / STREET ADDRESS / 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/7/03 407-896-6420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)

gl 5/15