

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000040228**1. Entity Name  
**LRF BUSINESS SOLUTIONS, INC.****FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90186 010 \*\*\*150.00

Principal Place of Business

**412 N.E. 16TH AVENUE  
GAINESVILLE FL 32601**

Mailing Address

**412 N.E. 16TH AVENUE  
GAINESVILLE FL 32601**

2. Principal Place of Business

**1219 NW 16th Av**

Suite, Apt. #, etc.

3. Mailing Address

**PO Box 142164**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**Gainesville, FL**

City &amp; State

**Gainesville, FL**4. FEI Number **59-3452595**

Applied For

Not Applicable

Zip

**32601**

Country

**Alachua**

Zip

**32614-2164**

Country

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

6. Name and Address of Current Registered Agent

**POLKE, JACQUELENE R  
412 N.E. 16TH AVENUE  
GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

Name

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

**1219 NW 16th Av**

City

**Gainesville****FL**Zip Code  
**32601**

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

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
POLKE, JACQUELENE R  
412 N.E. 16TH AVENUE  
GAINESVILLE FL 32601** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OVP  
POLKE, CLARENCE E  
412 NE 16TH AVE  
GAINESVILLE FL 32601** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1219 NW 16th Av  
Gainesville, FL 32601** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1219 NW 16th Av  
Gainesville, FL 32601** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 entries covered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)