

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000058446**

1. Entity Name
LGS VENTURES, INC.



Principal Place of Business
**19355 KING PALM COURT
BOCA RATON FL 33498**

Mailing Address
**19355 KING PALM COURT
BOCA RATON FL 33498**

APPROVAL
AND
FILED

03 OCT -6 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
10505 AVENIDA DEL RIO
Suite, Apt. #, etc.

3. Mailing Address
10505 AVENIDA DEL RIO
Suite, Apt. #, etc.

City & State
DELRAY BCH FL

City & State
DELRAY BCH FL 33446

REINSTATEMENT 2008

4. FEI Number **65-0793558**

Applied For
Not Applicable

Zip **33446** Country **US**

Zip **33446** Country **US**

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

6. Name and Address of Current Registered Agent

**BURMAN, LESLIE A
19355 KING PALM COURT
BOCA RATON FL 33498**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 **P**
NAME **BURMAN, LESLIE A** ☐ Delete
STREET ADDRESS **19355 KING PALM CT**
CITY-ST-ZIP **BOCA RATON FL 33489**

TITLE **VP**
NAME **BURMAN, MICHAEL E** ☒ Delete
STREET ADDRESS **19355 KING PALM CT**
CITY-ST-ZIP **BOCA RATON FL 33488**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS **10505 AVENIDA DEL RIO** ☒ Change ☐ Addition
CITY-ST-ZIP **DELRAY BCH, FL 33446**

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

Daytime Phone #

CR2E034 (4/03)

0092618 AV