2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P9700060110** Jan 18, 2000 8:00 am **Secretary of State** LRI CONSULTING INC. 01-18-2000 90006 018 ***158.75 Mailing Address Principal Place of Business 60 CANTERBURY COURT **60 CANTERBURY COURT** ORANGE PARK FL 32065 ORANGE PARK FL 32065-7290 COLFBGGW 2. Principal Place of Business 3. Mailing Address PMB 359 Pm13 359 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 411 Walnut ST 411 Walnut City & State Applied For City & State 59-3456749 Not Applicable Green Springs, FL Green Cove \$8.75 Additional 5. Certificate of Status Desired Clay 3**2**043 Clay Fee Required 2043 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'MEARA. THOMAS G JR Street Address (P.O. Box Number is Not Acceptable) **60 CANTERBURY COURT ORANGE PARK FL 32065** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE IMHOFF LORRY R. IMHOFF, LARRY R NAME 1456 NE OCEAN BIVE 16300 SW FAMEL AVE, INDIANTOWN MARINA STREET ADDRESS STREET ADDRESS Stuart, FL 34996 CITY-ST-ZIP CITY-ST-ZIP INDIANTOWN FL 34956 Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 empowered.

1-6-2000

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR