

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000061131

1. Entity Name

L.C.K. ENTERPRISES INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90437 050 ***150.00

Principal Place of Business

518 N. TAMPA ST
#210
TAMPA FL 33602-4806

Mailing Address

518 N. TAMPA ST
#210
TAMPA FL 33602-4806

00056250



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Middleburg, FL

City & State

Middleburg, FL

Zip

32068

Country

USA

Zip

32050

Country

USA

4. FEI Number

59-3457537

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KIRBY, LAUNETTE C
STREET ADDRESS 4225 MORRISON AVE
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS 1146 BOXMEADOW TRAIL
CITY-ST-ZIP MIDDLEBURG, FL. 32068

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01 9042151944

CR2E034 (10/00)