

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90066 012 ***150.00

DOCUMENT # P97000061569

1. Entity Name
LM DESIGN 2000, INC.



Principal Place of Business
**2619 CLEMENTON PARK COURT
ORLANDO FL 32835**

Mailing Address
**2619 CLEMENTON PARK COURT
ORLANDO FL 32835**



2. Principal Place of Business

938 Piedmont Waking Rd
Suite, Apt. #, etc.

3. Mailing Address

938 Piedmont Waking Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

APopks

City & State

APopks

4. FEI Number **59-3462473**

Applied For

Not Applicable

Zip

FL 32703

Country

Orange

Zip

32703

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEMUZ, ANTONIO
108 MARCIA DR
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name **Lemus, Antonio**
Street Address (P.O. Box Number is Not Acceptable)
108 Marcia Dr
City **Altamonte Springs** **FL** Zip Code **32714**

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

Antonio Lemus

3/10/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **LOPEZ, EDUARDO**
STREET ADDRESS **2619 CLEMENTON PARK COURT**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☒ Change ☐ Addition
NAME **938 Piedmont Waking Rd**
STREET ADDRESS **APopks**
CITY-ST-ZIP **FL 32703**

TITLE **VTD** ☐ Delete
NAME **LOPEZ, PAULINA**
STREET ADDRESS **2619 CLEMENTON PARK COURT**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☒ Change ☐ Addition
NAME **938 Piedmont Waking Rd**
STREET ADDRESS **APopks**
CITY-ST-ZIP **FL 32703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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

3/10/03

Date

407-869-6366

Daytime Phone #

CR2E034 (10/02)