

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90143 003 ***150.00

DOCUMENT # P97000097992

1. Entity Name

LUCAS MORTGAGE SERVICES, INC.

Principal Place of Business

Mailing Address

~~OLD ADDRESS~~
~~1 FLORIDA PARK DRIVE NORTH #101A~~
~~PALM COAST FL 32137~~

~~OLD ADDRESS~~
~~1 FLORIDA PARK DRIVE NORTH #101A~~
~~PALM COAST FL 32137-3843~~



DO NOT WRITE IN THIS SPACE

NEW ADDRESS

NEW ADDRESS

2. Principal Place of Business

3. Mailing Address

100 EAST LINTON BLVD.

100 EAST LINTON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

143A

#143A

City & State

City & State

DELRAY BEACH FL

DELRAY BEACH FL

4. FEI Number

59-3479008

Applied For

Not Applicable

Zip

Country

Zip

Country

33483

USA

33483

USA

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

LUCAS, JOHN J SR

1 FLORIDA PARK DRIVE NORTH #101A
PALM COAST FL 32137

Name

LUCAS, JOHN J. SR.

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

100 EAST LINTON BLVD.

Suite #143A

City

DELRAY BEACH

FL

33483

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]
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/18/00
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, 2000 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 **D** ☒ Delete
NAME **LUCAS, JOHN J SR**
STREET ADDRESS **1 FLORIDA PARK DRIVE NORTH #101A**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **LUCAS, JOHN J. SR.** ☒ Change ☐ Addition
NAME **100 EAST LINTON BLVD.**
STREET ADDRESS **Suite #143A**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00
Date

(561) 279-7877
Daytime Phone #