

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90177 025 \*\*\*150.00

OR7A782 FD

**DOCUMENT # P97000102261**

1. Entity Name  
**LRM ENTERPRISES, INC.**



Principal Place of Business  
**156 N SR 434  
WINTER SPRINGS FL 32708**

Mailing Address  
**156 N SR 434  
WINTER SPRINGS FL 32708**

2. Principal Place of Business  
**901 N. BELFAST PLACE**  
Suite, Apt. #, etc.

3. Mailing Address  
**901 N. BELFAST PLACE**  
Suite, Apt. #, etc.

City & State  
**CHULUOTA, FL**

City & State  
**CHULUOTA, FL**

Zip  
**32766**

Country  
**Seminole**

4. FEI Number **59-3479701**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SURMACZ, LISA**  
**156 N SR 434**  
**WINTER SPRINGS FL 32708**

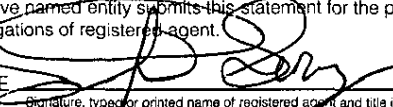
7. Name and Address of New Registered Agent

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  **LISA SURMACZ President** DATE **3/31/03**

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**  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>SURMACZ, LISA</b> <b>2484 W. SR 434</b> <b>LONGWOOD FL 32779</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SH</b> <input type="checkbox"/> Delete <b>SKILLINGTON, MARTHA</b> <b>2484 S R 434</b> <b>LONGWOOD FL 32779</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SURMACZ, LISA</b> <b>901 N. BELFAST PLACE</b> <b>CHULUOTA, FL 32766</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SH</b> <b>SKILLINGTON, MARTHA</b> <b>901 N. BELFAST PLACE</b> <b>CHULUOTA, FL 32766</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **3/31/03** DAYTIME PHONE # **407-288-6677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)