

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103726

1. Entity Name  
LONSON MANUFACTURING, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90078 037 \*\*\*150.00

Principal Place of Business

Mailing Address

804 HAMPTON WY  
MERRITT ISLAND FL 32953

804 HAMPTON WY  
MERRITT ISLAND FL 32953-3354

2. Principal Place of Business

3. Mailing Address

411 Hawk St  
Suite, Apt. #, etc.

411 Hawk St  
Suite, Apt. #, etc.

City & State  
Rockledge FL

City & State  
Ft Rockledge, FL

4. FEI Number 59-3483240

Applied For  
Not Applicable

Zip Country  
32955 Brevard

Zip Country  
32955 Brevard

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

LONDO, KEVIN C  
804 HAMPTON WY  
MERRITT ISLAND FL 32953

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, 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	<input type="checkbox"/> Delete
NAME	LONDO, KEVIN C	
STREET ADDRESS	804 HAMPTON WY	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00 321-639-8900

Date

Daytime Phone #

CR2E034 (9/99)