## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P9800000033** May 24, 2000 8:00 am Secretary of State DESIGN SERVICES BY LBECI, INC. 05-24-2000 90166 017 \*\*\*150.00 Principal Place of Business Mailing Address 450 E HWY 50 375 E HWY 50 **CLERMONT FL 34711-2511** STE 5 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State 4. FEI Number Applied For 59-3484981 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Hans J. Bentzon LINDEMANN, WILLIAM T Street Address (P.O. Box Number is Not Acceptable) 375 E. Highway 50 11251 COUNTY RD 561-A CLERMONT FL 34711 City FL Zin Gaden 1 Clermont 8. The above nar ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Hans J. Bentzon SIGNATURE nted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 le to satisfy its Intangible 9. This corporation · 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Change TITLE ☐ Delete LINDEMANN, WILLIAM T NAME NAME STREET ADDRESS 11251 COUNTY RD 561-A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 ☐ Change Addition TITLE TITLE ☐ Delete BENTZON, HANS T NAME NAME STREET ADDRESS STREET ADDRESS 375 E HWY 50 CITY-ST-7IP CITY-ST-ZIP **CLERMONT FL 34711** Change □ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME ant so the STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change □ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the informindicated on this report of sup of the corporation or the rice changed, or on an attachine

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 htal 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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if in address, with all other like empowered.