

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019046

1. Entity Name  
LB ENTERPRISES GROUP, INC.

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
04-19-2001 90095 049 \*\*\*150.00

Principal Place of Business  
2041 WHITNEY NICOLE LANE  
JACKSONVILLE FL 32216

Mailing Address  
2041 WHITNEY NICOLE LANE  
JACKSONVILLE FL 32216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
13300 MORRIS RD  
Suite, Apt. #, etc.  
#164  
City & State  
ALPHARETTA, GA  
Zip  
30004  
Country  
FULTON

3. Mailing Address  
13300 MORRIS RD  
Suite, Apt. #, etc.  
#164  
City & State  
ALPHARETTA, GA  
Zip  
30004  
Country  
FULTON

4. FEI Number 59-3501810  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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.

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, LAWRENCE A 2041 WHITNEY NICOLE LANE JACKSONVILLE FL 32216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD BROWN, SUSAN E 2041 WHITNEY NICOLE LANE JACKSONVILLE FL 32216	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	B300-164 MORRIS RD ALPHARETTA, GA. 30004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13300-164 MORRIS RD ALPHARETTA, GA. 30004	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: LAWRENCE A. BROWN Date: 4/19/01 Daytime Phone #: 678-762-0404

CR2E034 (10/00)