

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029556

1. Entity Name

LPS CAPITAL, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90342 047 ***150.00

Principal Place of Business

Mailing Address

~~600 S FEDERAL HWY~~
~~4TH FLOOR~~
~~FORT LAUDERDALE FL 33301~~

~~6633 S FEDERAL HWY~~
~~4TH FLOOR~~
~~FORT LAUDERDALE FL 33300-1400~~

2. Principal Place of Business

1975 E Sunrise Blvd.

3. Mailing Address

P.O. Box 4137

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 725

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

Country

33304

Zip

Country

33338

4. FEI Number

65-0833524

Applied For

Not Applicable

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

PARKINSON, ANTHONY J III
~~600 S FEDERAL HWY~~
~~4TH FLOOR~~
 FORT LAUDERDALE FL 33301

Name

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

1115 SE 6th Street

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)

4/12/00

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 NAME ☐ Delete
 PSTD PARKINSON, ANTHONY J III
 STREET ADDRESS ~~600 S FEDERAL HWY 4TH FLOOR~~
 CITY-ST-ZIP ~~FT LAUDERDALE FL 33301~~

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS 1975 E Sunrise Blvd, Suite 725
 CITY-ST-ZIP Ft. Lauderdale, FL 33304

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
 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

4/12/00

Date

954-524-2000

Daytime Phone #

CR2E034 (9/99)