# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 20, 2001 8:00 am**
**Secretary of State**
03-20-2001 90035 038 ***150.00

DOCUMENT # P98000051357

1. Entity Name
JUNE R. KIRBY L.M.T. ASSOCIATES, INC.

Principal Place of Business
8460 WINNIPESAUKEE WAY
LAKE WORTH FL 33467

Mailing Address
~~8460 WINNIPESAUKEE WAY~~
LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5162 Ouachita Dr | P.O Box 540966 |
| Suite, Apt. #, etc. ~~Lake Worth Fl~~ | Suite, Apt. #, etc. Lake Worth Fl |
| City & State Lake Worth Fl. | City & State Lake Worth Fl |
| Zip 33467 Country U.S. | Zip 33454-0966 Country U.S. |

4. FEI Number 65-0850513 — Applied For / Not Applicable

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

**6. Name and Address of Current Registered Agent**

KIRBY, JUNE R
8460 WINNI PESAUKEE WAY
LAKEWORTH FL 33134

**7. Name and Address of New Registered Agent**

Name June R Kirby
Street Address (P.O. Box Number is Not Acceptable) 5162 Ouachita Dr
City Lake Worth FL Zip Code 33467

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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE PSTD<br>NAME KIRBY, JUNE R<br>STREET ADDRESS 8460 WINNIPESAUKEE WAY<br>CITY-ST-ZIP LAKE WORTH FL 33467 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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:** June R. Kirby — 03/18/01 — 561-641-1146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)