

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000058601**

1. Entity Name

L.O. CONSOLIDATED MANAGEMENT, INC.

Principal Place of Business

**120 N US HWY 1, #100
TEQUESTA FL 33469
US**

Mailing Address

**120 N US HWY 1, #100
TEQUESTA FL 33469
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAVACHE, VICKI J
120 N US HWY 1, #100
TEQUESTA FL 33469**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LAVACHE, VICKI J**
STREET ADDRESS **120 N US HWY 1, #100**
CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE **D** ☐ Change ☒ Addition
NAME **JOHN O'KEEFE**
STREET ADDRESS **120 N US Highway 1, #100**
CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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:

Vicki J. Lavache
VICKI J. LAVACHE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

561-747-0244

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90180 039 ***150.00

C0057662



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0847466**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CP2E034 (10/00)