## **FILED** Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90118 026 \*\*\*150.00

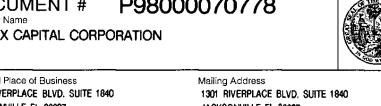
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P98000070778

1. Entity Name

LENOX CAPITAL CORPORATION



Principal Place of Business 1301 RIVERPLACE BLVD. SUITE 1840 JACKSONVILLE FL 32207			Mailing Address 1301 RIVERPLACE BLVD, SUITE 1840 JACKSONVILLE FL 32207									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI Number 59-3527331				Applied For Not Applicable	
Žip	Country	Zip	Zip Count				5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7. N	lame and Address of New Regis	ered A	gent		
					Name							
COLLINS, JEFFREY H WARREN A 1 1301 RIVERPLACE BLVD, SUITE 1840 JACKSONVILLE FL 32207			TYRE		Street Address (P.O. Box Number is Not Acceptable)							
					City			<del></del>	FL	Zip Ci		
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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Jaw Me 3-31-03												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								<ol> <li>Election Campaign Financia</li> <li>Trust Fund Contribution.</li> </ol>	ng 🗆		.00 May Be ded to Fees	
10.	OFFICERS AN	D DIRECTO	RS	11.			AD	DITIONS/CHANGES TO OFFICER	S AND	DIRECTO	DRS IN 11	
TITLE	D Delete TIT		TITLE						☐ Change	e 🔲 Addition		
NAME	TYRE, WARREN A			NAME	:							
STREET ADDRESS CITY-ST-ZIP	1301 RIVERPLACE BLVD, SUITI JACKSONVILLE FL 32207	E 1840	840		T ADDRESS ST-ZIP						,	
TITLE	D		☐ Delete	TITLE						☐ Change	e Addition	
NAME	COLLINS, JEFFREY H			NAME							ĺ	
STREET ADDRESS <sup>1</sup> CITY-ST-ZIP	1301 RIVERPLACE BLVD, SUITI JACKSONVILLE FL 32207	E 1840			ST-ZIP						-	
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CITY-ST-ZIP				CITY-	ST-ZIP							

12. 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 exproveded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

MEREQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #