

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073760

1. Entity Name

NANCY LEHMAN, P.A.

FILED

Apr 22, 2000 8:00 am  
Secretary of State

04-22-2000 90018 002 \*\*\*150.00

Principal Place of Business

224 DATURA ST. STE 408  
WEST PALM BEACH FL 33401

Mailing Address

224 DATURA ST. STE 408  
WEST PALM BEACH FL 33401-5632

2. Principal Place of Business

224 DATURA ST  
Suite, Apt. #, etc.  
STE 412

3. Mailing Address

224 DATURA ST  
Suite, Apt. #, etc.  
STE 412

City & State

West Palm Beach, FL  
Zip 33401 Country

City & State

West Palm Beach, FL  
Zip 33401 Country

4. FEI Number

65-0860267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEHMAN, TERRY R  
2535 WESTCHESTER DR  
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

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

7587 Quida Drive

City

West Palm Beach

FL

Zip Code

33411

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, 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

TITLE PD  
NAME LEHMAN, NANCY  
STREET ADDRESS 2535 WESTCHESTER DR  
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

TITLE ST  
NAME LEHMAN, TERRY R  
STREET ADDRESS 2535 WESTCHESTER DR  
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 7587 Quida Dr  
CITY-ST-ZIP West Palm Beach, FL 33411 Address ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 7587 Quida Dr  
CITY-ST-ZIP West Palm Beach, FL 33411 Address ☒ Change ☐ Addition

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

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

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

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

*Terry R. Lehman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-00

Date

561-841-1211

Daytime Phone #

CR2F034 (9/99)