

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90076 032 ***150.00

DOCUMENT # P98000094851

1. Entity Name
LAMIXON ENTERPRISES, INC.

Principal Place of Business

1270 N WICKHAM RD 1
MELBOURNE FL 32935
US

Mailing Address

1270 N WICKHAM RD 1
MELBOURNE FL 32935
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1270 N. Wickham Rd

3. Mailing Address

1270 N. Wickham Rd.

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

Melbourne FL

City & State

Melbourne FL

4. FEI Number

59-3540571

Applied For

Not Applicable

Zip

32935

Country

USA

Zip

32935

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENYHART, ANDREW W
1270 N WICKHAM RD
1
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	DIXON, CALVERT III.	
STREET ADDRESS	1270 N WICKHAM RD 1	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAMP, GARRETT D	
STREET ADDRESS	1270 N WICKHAM RD 1	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
Date

(321) 255-0578
Daytime Phone #

CR2E034 (9/01)