

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003401

1. Entity Name

LBI SERVICES, INC.

FILED

Mar 13, 2001 8:00 am  
Secretary of State

03-13-2001 90310 004 \*\*\*150.00

Principal Place of Business

241 ALPINE WAY  
PANAMA CITY FL 32404

Mailing Address

241 ALPINE WAY  
PANAMA CITY FL 32404

00024797



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

511 1/2 Maple Ave  
Suite, Apt. #, etc.

3. Mailing Address

511 1/2 Maple Ave  
Suite, Apt. #, etc.

Panama City  
City & State

Panama City FL  
Zip

32401

Country

US

City & State

Panama City FL  
Zip

32401

Country

US

4. FEI Number

59-3552302

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

USKERT, JOHN J  
315 HARRISON AVE.  
PANAMA CITY FL 32401

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.

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**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BRANNON, LEON E  
241 ALPINE WAY  
PANAMA CITY FL 32404

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
BRANNON, ANN B  
241 ALPINE WAY  
PANAMA CITY FL 32404

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Leon E Brannon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 03-10-001

Date

Daytime Phone #

CR2E034 (10/00)