2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003424

1. Entity Name
LUCENT CONCEPTS, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90434 012 ***150.00

Principal Place of Business	Mailing Address
905 CAMELOT LANE LAKELAND FL 33813	POST OFFICE BOX 7231 LAKELAND FL 33807

929239

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number **59-3551154**
Zip Country	Zip Country	**5.** Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

4. FEI Number — Applied For / Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARKS, JOHN P C/O W.C.P.D. & PEDDY CHARTERE 5300 SOUTH FLORIDA AVENUE LAKELAND FL 33813	Name: Martinez, Jose S. Street Address (P.O. Box Number is Not Acceptable) 905 Camelot Lane Lakeland City: Lakeland FL Zip Code 33813

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 _____ Jose S. Martinez   ✓ 2/12/01

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 **PST** NAME **MARTINEZ, JOSE S M.D.** STREET ADDRESS **905 CAMELOT LANE** CITY-ST-ZIP **LAKELAND FL 33813**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: _____   Jose S. Martinez, President   ✓ 2/12/01   (863) 648-1139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #