

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90029 035 ***150.00

DOCUMENT # **P99000022023**

1. Entity Name
LCSI PUBLISHING CO.



Principal Place of Business
10200 BELLE RIVE BLVD #32
JACKSONVILLE FL 32256

Mailing Address
10200 BELLE RIVE BLVD #32
JACKSONVILLE FL 32256

change of address only



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
7035 TIMBERLIN PK BLVD
Suite, Apt. #, etc. **#1127**

3. Mailing Address
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State

Zip **32256-6728** Country **USA**

4. FEI Number **59-3562196**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SLACK, LEONARD C
10200 BELLE RIVE BLVD #32
JACKSONVILLE FL 32256

ADDRESS CHANGE ONLY

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Leonard C. Slack* **1-5-03**

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

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. -OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	SLACK, LEONARD C	10200 BELLERIVE BLVD., #32	JACKSONVILLE FL 32256-9502	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	SLACK, LEONARD C.	7035 TIMBERLIN PARK BLVD. #1127	JACKSONVILLE, FL 32256-6728	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 empowered 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: *Leonard C. Slack* **1-5-03 (904) 538-0302**

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

CR2E034 (10/02)