

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

AMERICA, LOM, INC

Principal Place of Business

Mailing Address

9043 HARBOR ISLE
WINDERMERE, FL 34786

2. Principal Place of Business

3. Mailing Address

9043 HARBOR ISLE
Suite, Apt. #, etc.

9043 HARBOR ISLE
Suite, Apt. #, etc.

City & State

WINDERMERE, FL

City & State

WINDERMERE FL

Zip

34786

Country

USA

Zip

34786

Country

USA

4. FEI Number

59-3701640

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

Name

N/A

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: ☐

\$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
PRESIDENT
ELAINE BECKER
9043 HARBOR ISLE
WINDERMERE, FL 34786

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
IRVING BECKER
9043 HARBOR ISLE
WINDERMERE FLA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
ELAINE BECKER
9043 HARBOR ISLE
WINDERMERE, FL 34786

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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 authority empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRVING BECKER 4/28/01 904-1477

Date

Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90377 028 ***150.00

00056074

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)