

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90143 046 ***150.00

DOCUMENT # P99000052079

1. Entity Name

LACKEY BUSINESS ENTERPRISES, INC.

Principal Place of Business

**6248 GOLDEN OAK LANE
 KEYSTONE HEIGHTS FL 32656**

Mailing Address

**6248 GOLDEN OAK LANE
 KEYSTONE HEIGHTS FL 32656**

000455



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6350 Payne Rd

Suite, Apt. #, etc.

Keystone Heights

City & State

FL 32656

Zip

Country

USA

3. Mailing Address

PO Box 1420

Suite, Apt. #, etc.

City & State

Keystone Hts FL

Zip

32656

Country

USA

4. FEI Number **59-3581822**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LACKEY, KAREN O
 6248 GOLDEN OAK LANE
 KEYSTONE HEIGHTS FL 32656**

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, 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

TITLE **D** ☐ Delete
 NAME **LACKNEY, KAREN O**
 STREET ADDRESS **6250 J PAYNE RD**
 CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Lackey, Karen O**
 STREET ADDRESS **6350 J Payne Rd.**
 CITY-ST-ZIP **Keystone Hts FL 32656**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Karen O Lackey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

Date

352-473-3333

Daytime Phone #

CR2004 (10/00)