

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105539

1. Entity Name

LEHMANN DEVELOPMENT AND FINANCIAL CORPORATION

Principal Place of Business

1100 CLEVELAND STREET, SUITE 906
CLEARWATER FL 33755

Mailing Address

1100 CLEVELAND STREET, SUITE 906
CLEARWATER FL 33755

2. Principal Place of Business

1100 CLEVELAND ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite 915

City & State

CLEARWATER

Zip

Country -

33755

PINELLAS

Zip

Country

6. Name and Address of Current Registered Agent

LEHMANN, JOHN W
51 ISLAND WAY, UNIT 905
CLEARWATER FL 33767

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS LEHMANN, JOHN W
CITY-ST-ZIP 51 ISLAND WAY, UNIT 905
CLEARWATER FL 33767

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

John W. Lehmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Lehmann 9/1/00
Date Daytime Phone #

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90095 035 ***550.00

00103060



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3627603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (5/00)