

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2001 8:00 am
Secretary of State

08-17-2001 90004 010 ***550.00

DOCUMENT # P99000105539
1. Entity Name
LEHMANN DEVELOPMENT AND FINANCIAL CORPORATION

Principal Place of Business
1100 CLEVELAND ST. STE 915
CLEARWATER FL 33755

Mailing Address
1100 CLEVELAND STREET. SUITE 906
CLEARWATER FL 33755

2. Principal Place of Business:

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc. **915**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3627603

Applied For
 Not Applicable

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

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 **LEHMANN, JOHN W.**

Street Address (P.O. Box Number is Not Acceptable)

4944 CEDAR BROOK LN.

City **HERNANDO BEACH** **FL**

Zip Code **34607**

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 *John W. Lehmann*

(NOTE: Registered Agent signature required when reinstating)

8/7/01
 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 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LEHMANN, JOHN W**
STREET ADDRESS **51 ISLAND WAY, UNIT 905**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **LEHMAN N JOHN W.** ☒ Change ☐ Addition
NAME
STREET ADDRESS **4944 CEDAR BROOK LN**
CITY-ST-ZIP **HERNANDO BEACH, FL 34607**

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

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

8/7/01 **727-510-2314**
 Date Daytime Phone #

CR2E034 (5/01)