

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90140 012 ***150.00

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 ST. STE 915
CLEARWATER FL 33755**

2. Principal Place of Business

538 N. Pinellas Ave.

3. Mailing Address

P.O. Box 4417

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tarpon Springs, Fl.

City & State

Clearwater, Fl.

Zip

34689

Country

Pinellas

Zip

33758

Country

Pinellas

4. FEI Number

59-3627603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LEHMANN, JOHN W
4944 CEDARBROOK LANE
HERNANDO BEACH FL 34607**

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

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 **D** ☐ Delete
NAME **LEHMANN, JOHN W**
STREET ADDRESS **4944 CEDARBROOK LANE**
CITY-ST-ZIP **HERNANDO BEACH FL 34607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME **Sec. Tres./V.P.**
STREET ADDRESS **Carrol Lehmann**
CITY-ST-ZIP **4944 Cedarbrook Ln.
Hernando Beach, Fl. 34607**

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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:

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

Date

Daytime Phone #

4/22/03 352-596-2588

CR2E034 (10/02)