

**2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 20, 2004 8:00 am
Secretary of State

DOCUMENT # **P99000107453**

1. Entity Name

LENNARTZ FINANCIAL SERVICES, INC.



04-20-2004 90031 023 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

555 W. GRANADA BLVD.

Suite, Apt. #, etc.

SUITE A-3

City & State

ORMOND BEACH, FL

Zip
32174

Country
USA

3. Mailing Address

555 W. GRANADA BLVD.

Suite, Apt. #, etc.

SUITE A-3

City & State

ORMOND BEACH, FL

Zip
32174

Country
USA

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4. FEI Number

59-3612935

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PALMETTO CHARTER SERVICES, INC.

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

150 MAGNOLIA AVENUE

City

DAYTONA BEACH, FL

Zip Code

32115-2491

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended-UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.D.
LENNARTZ, JOSEPH
555 W. GRANADA BLVD., SUITE A-3
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joseph V. Lennartz,
PRESIDENT**

4/16/04 (386) 673-0123

Date

Daytime Phone #

CR2E034B (12/02)