

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90370 022 ***150.00

DOCUMENT # P99000107996

1. Entity Name
LJI TECHNOLOGIES, INC.

Principal Place of Business
36468 U.S. HWY. 19 NORTH
PALM HARBOR FL 34684

Mailing Address
36468 U.S. HWY. 19 NORTH
PALM HARBOR FL 34684



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3616976**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELCH, THOMAS
36468 U.S. HWY. 19 NORTH
PALM HARBOR FL 34684

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELCH, THOMAS 36468 US HWY 19 N PALM HARBOR FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *THOMAS M. WELCH* **SIGNATURE REQUIRED** **THOMAS M. WELCH** 7/5/02 727-786-8070 x301
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)



36468 U.S. Highway 19 North
Palm Harbor, FL 34684
www.lumberjack.com

Attachment
Document # 999000107996

Telephone (727) 786-8070
Facsimile (727) 789-6241
E-mail: logger@lumberjack.com

119390

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

To whom it may concern;

Enclosed are the UBR reports for two of our corporations assessing a late fee.

We never received the original UBR notices for both Lumberjack, Inc. and LJI Technologies, Inc. back at the first of the year. If you check our history, you will see that we have historically paid these fees on a timely basis. If the statement had arrived at our office, it would have been paid back in March.

We are asking for consideration of this issue and had included checks for each corporation in the amount of \$150 each.

Sincerely,

Thomas M. Welch
President