

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109047

1. Entity Name

LPI INVESTMENTS VI, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90077 024 ***150.00

Principal Place of Business

133 PEACHTREE ST., STE. 2500
ATLANTA GA 30303

Mailing Address

133 PEACHTREE ST., STE. 2500
ATLANTA GA 30303

2. Principal Place of Business

810 OAK PARK PLACE

Suite, Apt. #, etc.

3. Mailing Address

810 OAK PARK PLACE

Suite, Apt. #, etc.

City & State

BRANDON, FLORIDA

City & State

BRANDON, FLORIDA

4. FEI Number

58-2514112

Applied For

Not Applicable

Zip

33511

Country

HILLSBOROUGH

Zip

33511

Country

HILLSBOROUGH

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

STONE, ELWIN A
810 OAK PARK PL
BRANDON FL 33511

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

Elwin A. Stone
ELWIN A. STONE

Signature typed or printed name of registered agent, 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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	DOROUGH, DONALD E	
STREET ADDRESS	35 GLEN OAKS DR.	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, ELWIN A.	
STREET ADDRESS	810 OAK PARK PLACE	
CITY-ST-ZIP	BRANDON, FLORIDA 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Elwin A. Stone
ELWIN A. STONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-689-0658

CR2E034 (9/99)