

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S10417

Entity Name  
LEMEAU ET-CIE, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90060 007 \*\*\*150.00

Principal Place of Business  
40 34TH STREET SOUTH  
SEAPOINTE TERRACE,APT.T-39  
PETERSBURG FL 33711

Mailing Address  
7540 SUNSHINE SKYWAY LANE S  
SEAPOINTE TERRACE,APT.T-39  
ST.PETERSBURG FL 33711-5115  
US

Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip

City & State  
Zip

Country

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3037878**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUCKETT**  
**7540 SUNSHINE SKYWAY LA**  
**T-39**  
**ST PETERSBURG FL 33711**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **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**

## OFFICERS AND DIRECTORS

|                                      |  |                                 |
|--------------------------------------|--|---------------------------------|
| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP | <b>D</b><br><b>ARROTT-WATT,LEMEAU</b><br><b>7530 34TH STREET SO:#T39</b><br><b>ST.PETERSBURG FL</b>  | <input type="checkbox"/> Delete |
| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP | <b>CPA</b><br><b>DAVIDSON, MARY F.</b><br><b>5380 STONE MOUNTAIN ST.</b><br><b>STONE MOUNTAIN GA</b> | <input type="checkbox"/> Delete |
| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP |  | <input type="checkbox"/> Delete |
| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP |  | <input type="checkbox"/> Delete |
| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP |  | <input type="checkbox"/> Delete |
| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP |  | <input type="checkbox"/> Delete |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)