

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

05-11-2001 90128 003 ***150.00

DOCUMENT # S66327

1. Entity Name

LASH CUSTOM HOMES, INC.

Principal Place of Business

**3324 W.UNIVERSITY AVE.
GAINESVILLE FL 32607
US**

Mailing Address

**3324 W.UNIVERSITY AVE.
GAINESVILLE FL 32607
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3075032

Applied For

Not Applicable

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

LASH, SUSAN D.

2606 N.W. 58TH BLVD.

GAINESVILLE FL 32606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Judy 18, 01
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 \$550.00
After September 12, 2001 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
DP
LASH, ROBERT A
2606 N.W. 58TH BLVD.
GAINESVILLE FL 32606 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
LASH, SUSAN D
2606 N.W. 58TH BLVD.
GAINESVILLE FL 32606 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy 18, 01
DATE

Daytime Phone #

CR2E034 (5/01)

Attachment - 10716

#566387

LASH CUSTOM HOMES INC,
3324 WEST UNIVERSITY AVE #400
GAINESVILLE, FL 32607
59-3075032
(352) 371-1327
(352) 335-8060 FAX

This letter is to inform you of why this was not sent back to you within 30 days.

We sold our business where this letter was sent to and was put in our file while we where away to Alaska for three weeks. We also sold our house and moved. Any one knows what it is like to move, but on top of that we also sold our other business moved that out on top of personal stuff, and then went on our trip that we planed 8 months ago not knowing any of this was going to happen at the same time. And just discovered this in our boxes. Please forgive the penalty for not returning this with 30 day. This business is inactive and no longer has an account.

Thank you.

*The CR you have already I never recieved
out first notice so I had to have A BLANK
one faxed to me.*

Susan Lash

Susan Lash

Attachment 10716 #56637

150.00

fin 59-3075032 L.C.H.

CASH-CHECKING
1002/24/2001

Department of State

***150.00

One Hundred Fifty and 00/100*****

Department of State
PO Box 1500
Tallahassee, Fl. 32302

fin 59-3075032 L.C.H.

150.00

04/24/2001

Department of State
8020 TAXES-PROPERTY

8020 TAXES-PROPERTY

Department of State
1002/24/2001

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

L.C.H.

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Name (Please Print Clearly) (To be completed by mailer)

Dept of State

Street, Apt. No., or PO Box No.

P.O. Box 1500

City, State, ZIP

Tallahassee, FL 32302

PS Form 3800, July 1999

See Reverse for Instructions

