

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90142 047 ***158.75

DOCUMENT # S88565

1. Entity Name
L.C.P. DEVELOPMENT CORP.



Principal Place of Business
**3 INDUSTRY DRIVE
SUITE 2A
PALM COAST FL 32137**

Mailing Address
**3 INDUSTRY DRIVE
SUITE 2A
PALM COAST FL 32137**

2. Principal Place of Business

1096 North US 1

3. Mailing Address

1096 North US 1

Suite, Apt. #, etc.

Suite 112

Suite, Apt. #, etc.

Suite 112

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

32174

Country

USA

Zip

32174

Country

USA

4. FEI Number

59-3113651

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONNER, TIMOTHY J.
1 FLORIDA PARK DRIVE NORTH
SUITE 110
PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name **Louis Pechmann**

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

90 Woodside Drive

City **Palm Coast**

FL

Zip Code

32164

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

Louis Pechmann Pres.

1-28-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **PD** ☐ Delete
NAME **PECHMAN, LOUIS**
STREET ADDRESS **3 INDUSTRY DR UNIT 2**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **SD** ☒ Delete
NAME **PECHMANN, CAMILLE**
STREET ADDRESS **3 INDUSTRY DR**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
NAME **Pechmann, Louis**
STREET ADDRESS **1096 North US 1 Suite 112**
CITY-ST-ZIP **Ormond Beach, FL 32174**

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Louis Pechmann*

Louis Pechmann

1-28-03

1-386-

615 8266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)