

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90448 024 ***150.00

DOCUMENT # S90041

1. Entity Name

LSG CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

525 S. Flagler Drive
Suite, Apt. #, etc. 450

3. Mailing Address

P.O. Box 2201
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

Palm Beach, FL

4. FEI Number

65-0294645

Applied For

Not Applicable

Zip

33401

Country

Palm Beach

Zip

33480

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Bob Jackson % Bob Jackson, Inc.

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

525 S. Flagler Drive, SUITE 450

City

West Palm Beach

FL

Zip Code

33401

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	DPST
NAME	Charles Steuber
STREET ADDRESS	12 Bird Lane
CITY - ST - ZIP	Rye, NY 10580
TITLE	D
NAME	Margaret Steuber
STREET ADDRESS	12 Bird Lane
CITY - ST - ZIP	Rye, NY 10580
TITLE	AS
NAME	Bob Jackson
STREET ADDRESS	525 S. Flagler Drive
CITY - ST - ZIP	West Palm Beach, FL 33401
TITLE	
NAME	
STREET ADDRESS	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Bob Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02

Date

Daytime Phone #

CR2E034B (12/01)