

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V17505

1. Entity Name

LSI, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90048 036 ***150.00

Principal Place of Business

Mailing Address

2032 CAPISTRANO DR.
JACKSONVILLE FL 32224 - 3091
US

12034 ARBOR LAKE DRIVE
JACKSONVILLE FL 32224-3091

2. Principal Place of Business

3. Mailing Address

2032 Capistrano Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

Zip

Country

Zip

32224

Country

USA

4. FEI Number

59-3111843

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

INGRAHAM, LINA S
2032 CAPISTRANO DR.
JACKSONVILLE FL 32224

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)

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 NAME STREET ADDRESS CITY-ST-ZIP	DPT INGRAHAM, LINA S. 2032 CAPISTRANO DR. JACKSONVILLE FL 32224	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS YOUNG, KATHERINE 3756 EAGLE RIDGE DR. JACKSONVILLE FL 32224	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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:

Lina S. Ingraham LINA S. INGRAHAM, Pres. 04/01/00 904-220-5469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)