

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90216 029 \*\*\*150.00

**DOCUMENT # V17505**

1. Entity Name  
LSI, INC.



Principal Place of Business  
2032 CAPISTRANO DR.  
JACKSONVILLE FL 32224  
US

Mailing Address  
2032 CAPISTRANO DRIVE  
JACKSONVILLE FL 32224

2. Principal Place of Business

3. Mailing Address

1800 The Greens Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 1702

City & State

City & State

Jacksonville Beach FL

Zip

Country

Zip

Country

32250

4. FEI Number 59-3111843

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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 Ingraham, Lina S.

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

1800 The Greens Way # 1702

City

Jacksonville Beach

FL

Zip Code

32250

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

*Lina Ingraham*

03/27/03

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT  
NAME INGRAHAM, LINA S. ☐ Delete  
STREET ADDRESS 2032 CAPISTRANO DR.  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE DPT  
NAME INGRAHAM, LINAS ☒ Change ☐ Addition  
STREET ADDRESS 1800 The Greens Way #1702  
CITY-ST-ZIP Jacksonville Beach FL 32250

TITLE VS  
NAME YOUNG, KATHERINE ☒ Delete  
STREET ADDRESS 3756 EAGLE RIDGE DR.  
CITY-ST-ZIP JACKSONVILLE FL 32224

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Lina Ingraham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-03

Date

904-514-5384

Daytime Phone #

CR2E034 (10/02)