

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90165 034 ***550.00

DOCUMENT # **V40524**

1. Entity Name
LM CAPITAL SECURITIES, INC.



Principal Place of Business
**18820 STEWART CIRCLE
UNIT 4
BOCA RATON FL 33496
US**

Mailing Address
**18820 STEWART CIRCLE
UNIT 4
BOCA RATON FL 33496
US**



2. Principal Place of Business

3. Mailing Address

1200 N. FEDERAL HWY

2918 BANYAN BLVD CIRCLE NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 312

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

4. FEI Number **13-3675739**

Applied For

Not Applicable

Zip

Country

Zip

Country

33432

US

33431

US

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

CORLEY, LESLIE M

Name **CORLEY, LESLIE M.**

~~18820 STEWART CIRCLE~~ **2918 BANYAN BLVD, CIRCLE NW**

Street Address (P.O. Box Number, No. Applicable) **2918 BANYAN BLVD, CIRCLE NW**

~~UNIT 4~~
~~BOCA RATON FL 33496~~ **33431**

City **BOCA RATON** **FL** Zip Code **33431**

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

(NOTE: Registered Agent signature required when reinstating)

7/12/2003

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **DC** ☐ Delete
NAME **CORLEY, LESLIE M**
STREET ADDRESS **260 CLARKE AVENUE**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **DC** ☒ Change ☐ Addition
NAME **CORLEY, LESLIE M.**
STREET ADDRESS **2918 BANYAN BLVD, CIRCLE NW**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **DVP** ☐ Delete
NAME **CORLEY, RICARDO**
STREET ADDRESS **11156 SANDPOINT TERRACE**
CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE **P** ☐ Delete
NAME **CORLEY, LESLIE M**
STREET ADDRESS **18820 STEWART CIRCLE UNIT 4**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **P** ☒ Change ☐ Addition
NAME **CORLEY, LESLIE M.**
STREET ADDRESS **2918 BANYAN BLVD, CIRCLE NW**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/2003

CR2E034 (4/03)