

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # V42796**1. Entity Name
L.C.I. CONSTRUCTION OF SOUTH FLORIDA, INC.Principal Place of Business
1226 OMAR RD
WEST PALM BEACH FL 33405 US
Mailing Address
1226 OMAR ROAD
WEST PALM BEACH FL 33405 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0340619

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentACKNER, RICHARD
916 FOREST GLEN LANEWELLINGTON
33414 US

FL

7. Name and Address of New Registered Agent

Name

RICHARD A. ACKNER

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

14643 DRAFHORSE LANE

City
WELLINGTON

FL

Zip Code
33414

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 **RICHARD A. ACKNER****04/30/2001**

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, 2001 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**

TITLE	V	Delete
NAME	ACKNER RICHARD A	<input type="checkbox"/>
STREET ADDRESS	916 FOREST GLEN LANE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	PST	Delete
NAME	ACKNER DAVID W	<input type="checkbox"/>
STREET ADDRESS	15226 78TH DR, NORTH	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		Delete
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	Change	Addition
NAME	ACKNER RICHARD A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	14643 DRAFHORSE LANE		
CITY-ST-ZIP	WELLINGTON FL 33414		
TITLE		Change	Addition
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

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: RICHARD A. ACKNER

V

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)