


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

**FILED**  
**Aug 11, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90010 032 \*\*\*150.00

**DOCUMENT #** F00000002478  
1. Entity Name  
Lacey Support Services Company, Inc.



**DO NOT WRITE IN THIS SPACE**

66431789

2. Principal Place of Business  
3133 Magic Hollow Blvd.

3. Mailing Address  
3133 Magic Hollow Blvd.

Suite, Apt. #, etc.  
Suite 215

Suite, Apt. #, etc.  
Suite 215

DO NOT WRITE IN THIS SPACE

City & State  
Virginia Beach, VA

City & State  
Virginia Beach, VA

4. FEI Number  
54-1647411

Applied For  
Not Applicable

Zip  
23453

Country  
USA

Zip  
23453

Country  
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
James E. Jenkins

Street Address (P.O. Box Number is Not Acceptable)  
6362 Pine Summit Drive

City  
Jacksonville FL Zip Code  
32211

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 N/A  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1<sup>st</sup> - May 1<sup>st</sup> Fee is \$150.00  
After May 1<sup>st</sup> Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Lacey, Oneida R.  
5125 Violet Bank Drive,  
Virginia Beach, VA 23464

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE: Carinda L. Lacey 07-26-04 (957) 368-4747  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

Attachment



**LACEY SUPPORT SERVICES COMPANY**

3133 Magic Hollow Blvd., Suite 215  
Virginia Beach, Virginia 23456  
(757) 368-4747 FAX (757) 368-4568

66431789

# F0000002478

06 July 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subj: 2004 Uniform Business Report Submission

~~The purpose of this letter is to submit subject report for Lacey Support Services Company (LSSC) and to affirm that LSSC DID NOT receive the preprinted 2004 UBR Document for timely submission by May 1, 2004. Last week, LSSC did receive the 60-day Notice of Intent to Dissolve. After futile attempts to download the preprinted UBR form online, I made a call to your office to request the form, as indicated on the postcard.~~

Again, I affirm that we DID NOT receive the pre-printed form for submission. Accordingly, I am enclosing a completed UBR Form for 2004, along with a check for \$150.00 made payable to Florida Department of State.

Should you require additional information, you may reach me at (757) 368-4747 of via fax at (757) 368-4568. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Oneida R. Lacey".

Oneida R. Lacey  
President