2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P00000073994

Mailing Address

4100 N POWERLINE ROAD STE H-5

POMPANO BEACH FL 33073

1. Entity Name

LBU ORLANDO, INC.

Principal Place of Business

POMPANO BEACH FL 33073

4100 N POWERLINE ROAD STE H-5



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90145 029 ***150.00

33003771

| Zip Country Zip Country 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 Fee Required 7. Name and Address of New Registered Agent 7. Nam | Place of Business 3. Mailing Address | | | | | | | |
|--|--|----------------------|-------------------------|--|---|---------------------------|------------------------|--|
| City & State Country Country Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Rame Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Tuty City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) DATE Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) DATE Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) DATE Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) DATE Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) DATE Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) DATE Addres | tc. Suite Apt # | Suite, Apt. #, etc. | | | - | | | |
| Country Zip Country Sic Country Si | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| 5. Certificate of Status Desired Statu | City & State | City & State | | | 4. FEI Number 65-1032844 Applied For Not Applicable | | | |
| BRILL, THEORDORE F 8211 W BROWARD BLVD STE 360 PLANTATION FL 33324-2737 City 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. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE: NOW!!! FEE IS \$15.0.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PATILL, AVRON 1563 ROYAL CIR APOPKA FL 32703 ITILE VP Delete TITLE VP Delete TITLE Change ACHARGES CITY-ST-ZIP TITLE Change ACHARGES CITY-ST-ZIP TITLE Change ACHARGES CITY-ST-ZIP Change ACHARGES CITY-ST-ZIP TITLE Change ACHARGES CITY-ST-ZIP TITLE VP | Country Zip | Zip Country | | | 5. Certificate of Status Desired | | | |
| BRILL, THEORDORE F 8211 W BROWARD BLVD STE 360 PLANTATION FL 33324-2737 City 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. I am familiar with, and ac the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution. Adder May 1, 2003 Fee will be: \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE VAME STREET ADDRESS CITY-ST-ZIP ITILE VP Delete TITLE VP Delete TITLE Change ACCITY-ST-ZIP City-ST-ZIP City-ST-ZIP TITLE Change ACCITY-ST-ZIP City-ST-ZIP City-ST-ZI | . Name and Address of Current Registered Agent | | | 7. N | larne and Address of New Register | ed Agent | | |
| Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and ac the obligations of registered agent. SIGNATURE SIGNATURE FILE: NOW!!! FEE IS \$150.00 Acter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State O. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE VP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VP Delete TITLE City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and acterior agent with a purpose of changing its registered agent signature required when reinstating) DATE FILE: NOW!!! FEE IS \$150.00 Added to Fee FILE: NOW!!! FEE IS \$150.00 Added to Fee TITLE P SATILL, AVRON STREET ADDRESS CITY-ST-ZIP TITLE VP Delete TITLE Change AC Change | | | | | | | | |
| 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 act the obligations of registered agent. SIGNATURE 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PAME SATILL, AVRON STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 TITLE VP Delete TITLE Change ACC | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
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| SIGNATURE Signature, typed or printed name of reflectered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Part | ned entity submits this statement for the purpose of ch | anging its register | ed office or regist | tered age | ent, or both, in the State of Florida. I a | am familiar with, | and accept | |
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| 2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informational indicated on this report or supplemental report is true and accurate and that my signature grant reports a firm and accurate grant reports a firm and accu | that the information supplied with this filing does not a report or supplemental report is true and accurate | qualify for the exer | nption stated in S | Section 1 | 19.07(3)(i), Florida Statutes. I further onal effect as if made under eath that | certify that the in | nformation or director | |

of the corporation or the receiver or trustee empowered to execute this report as required by the state of the changed, or on an attachment with an address, with a other like empowered. **VICE PRESIDENT / CFO**

SIGNATURE:

REQUIRED 954-984-9136