

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90138 049 \*\*\*150.00

**DOCUMENT # P02000002942**

1. Entity Name  
**LORD ENTERPRISES, INC.**



Principal Place of Business  
243 W. PARK AVE., SUITE 201  
WINTER PARK FL 32789

Mailing Address  
243 W. PARK AVE., SUITE 201  
WINTER PARK FL 32789



2. Principal Place of Business  
**73469 N Hwy. 441-27**  
Suite, Apt. #, etc.

3. Mailing Address  
**13469 N. Hwy. 441-27**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Lady Lake, FL**  
Zip  
**32159** Country  
**USA**

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**Lady Lake, FL**  
Zip  
**32159** Country  
**USA**

4. FEI Number  
**02-0533657**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LARSEN, ERIK C**  
243 W. PARK AVE., SUITE 201  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name  
**Gary Lord**  
Street Address (P.O. Box Number is Not Acceptable)  
**13469 N. Hwy. 441-27**  
City  
**Lady Lake** FL Zip Code  
**32159**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Gary Lord Jan. 10, 2003**

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	LORD, GARY	1B SABDAK AVE, SANDAL, WAKEFIELD	WEST YORKSHIRE U.K. WF2 7LP	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	Lord, Gary	13469 N. Hwy 441-27	Lady Lake, FL 32159	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	Mellers, Denise	13469 N. Hwy. 441-27	Lady Lake, FL 32159	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED  
GARY LORD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **Jan. 10, 2003** 352-753-2023  
Daytime Phone #

UBR03-03 AV

CR2E034 (10/02)