

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90031 020 ***150.00

DOCUMENT # V15485

1. Entity Name
L, N & N CORP.

Principal Place of Business

Mailing Address

2353 N MILITARY TRAIL
 WEST PALM BEACH FL 33409

200 MOCKINGBIRD TR
 PALM BEACH FL 33480-3118
 US

714981



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2600 N. FLAGLER DR.

2600 N. FLAGLER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1012

#1012

City & State

City & State

WEST PALM BEACH FL

WEST PALM BEACH, FL

4. FEI Number

65-3012251-0312251

Applied For

Not Applicable

Zip

Country

Zip

Country

33407

USA

33407

USA

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

NICOLINI, PATRICK
200 MOCKINGBIRD TR
PALM BEACH FL 33480

Name

JOHN M. LOGSDON

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

200 MOCKINGBIRD TRAIL

City

PALM BEACH

FL

Zip Code

33480

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

X
 SIGNATURE

[Signature]
PATRICK NICOLINI

[Signature]

02/14/00
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NICOLINI, PATRICK	
STREET ADDRESS	2353 N MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOGSDON, JOHN M	
STREET ADDRESS	200 MOCKINGBIRD TR.	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICOLINI, DONALD N	
STREET ADDRESS	2087 N. WATERWAY DR.	
CITY-ST-ZIP	N. PALM BCH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICOCINI, PATRICK	
STREET ADDRESS	200 MOCKINGTR.	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 MOCKINGBIRD TRAIL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

X
 SIGNATURE

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/00 **561-832-5819**
 Date Daytime Phone #

CFR2E034 (9/99)