FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90109 009 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #V24248

70055192

1. Entity Name
L.A. ENTERPRISES OF S.W. FLA., INC.

Principal Place of Business	Mailing Address
3912 LEE BLVD LEHIGH ACRES, FL 33971	PO BOX 1199 LEHIGH ACRES, FL 33970

2. Principal Place of Business	3. Mailing Address
403 HARRY AVE N	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEHIGH ACRES, FL	City & State
Zip: 33971 Country: LEE	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0308621 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, TAMMY
3912 LEE BLVD
LEHIGH ACRES, FL 33971

7. Name and Address of New Registered Agent

Name: DIANE CHAMPION
Street Address (P.O. Box Number is Not Acceptable): 403 HARRY AVE N.
City: LEHIGH ACRES, FL Zip Code: 33971

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: Diane Champion DATE: 4/25/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE ON OR BEFORE MAY 1, 2003 ... FEE IS $150.00 ... Make Checks 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	P BAKER, TAMMY PO BOX 462 LEHIGH ACRES, FL 33970	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEANE, MICHAEL 602 HARRISON DR LEHIGH ACRES, FL 33936	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DIANE CHAMPION 403 HARRY N LEHIGH ACRES, FL 33971	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Diane Champion 4/25/03 (239)368-9468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)