

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90021 038 ***150.00

A0054663



DO NOT WRITE IN THIS SPACE

DOCUMENT # S50974			
1. Entity Name LLT ENTERPRISES, INC.			
Principal Place of Business 2028 W. CHURCH STREET ORLANDO FL 32805		Mailing Address 2028 W. CHURCH STREET ORLANDO FL 32805-2104	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DAVIS, LLOYD 9 CLEMSON DRIVE ORLANDO FL 32811		4. FEI Number 59-3129967 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent Name 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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP P THOMAS, LESTER 2028 W. CHURCH STREET ORLANDO FL 32805		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 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 duly empowered.			

CR2E034 (9/99)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000
Date(407) 420-9152
Daytime Phone #