

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91521 021 \*\*\*150.00

DOCUMENT # F27873

1. Entity Name

LTS REALTY, INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

221 LONDONDERRY DR

3. Mailing Address

221 LONDONDERRY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

59-207 3728

Applied For

Not Applicable

Zip

Country

34240

USA

Zip

Country

34240

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LILLIAN L. ATKINS

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

221 LONDONDERRY DR

City

SARASOTA

FL

Zip Code

34240

**DO NOT WRITE  
IN THIS SPACE**

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

LILLIAN L. ATKINS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	VP
NAME	BARBARA SAMUELS
STREET ADDRESS	221 LONDONDERRY DR
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	VP
NAME	SAUL ATKINS
STREET ADDRESS	221 LONDONDERRY DR
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	P
NAME	LILLIAN ATKINS
STREET ADDRESS	221 LONDONDERRY DR
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-21-03

Daytime Phone #

941-842-0475

CR2E034B (12/02)