

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90224 037 ***158.75

DOCUMENT # G31224

1. Entity Name
L. L. TRUST, INC.



Principal Place of Business
**700 NORTH OLIVE AVE
WEST PALM BCH. FL 33401**

Mailing Address
**700 NORTH OLIVE AVE
WEST PALM BCH. FL 33401**



2. Principal Place of Business
312 - Ninth Street
Suite, Apt. #, etc.

3. Mailing Address
312 - Ninth Street
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
West Palm Beach Florida
Zip
33401 Country
USA

City & State
West Palm Beach FL
Zip
33401 Country
USA

4. FEI Number **58-1509814**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FRANKS, RAE
700 NORTH OLIVE AVENUE
WEST PALM BCH. FL 33405**

7. Name and Address of New Registered Agent

Name
FRANKS RAE
Street Address (P.O. Box Number is Not Acceptable)
312 - NINTH STREET
City
WEST PALM BEACH FL Zip Code
33401

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

(NOTE: Registered Agent signature required when reinstating)

2/12/03
DATE

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

TITLE
PT ☐ Delete
NAME
HOWARD, LESLIE BURR
STREET ADDRESS
12 BURR FARM ROAD
CITY-ST-ZIP
WESTPORT CT 06880

TITLE
VS ☐ Delete
NAME
LUSH, WILHELMINA E.
STREET ADDRESS
12 BURR FARM ROAD
CITY-ST-ZIP
WESTPORT-CT-06880

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 **203-227-8584**
Date Daytime Phone #

0375433 AV

CR2E034 (10/02)