## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## H76031

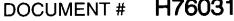
1. Entity Name

L.B.J. ENTERPRISES INC.



**FILED** May 08, 2003 8:00 am Secretary of State

05-08-2003 90175 016 \*\*\*150.00



Principal Place of Business % JANET HEBDON

8380 ULMERTON RD., STE. 332

**LARGO FL 33771** 

Mailing Address % JANET HEBDON

8380 ULMERTON RD., STE. 332

**LARGO FL 33771** 



US	US					
2. Principal Pl	ace of Business  OFLAME VINE NO.	3. Mailing Address 8 4/0 F-LAW	E VINE AL	E		
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State SEMINOCE, FL City & State SEMINOCE		FC-	4. FEI Number 59-2588631	Applied For Not Applicable		
<sup>Z</sup> 337	Country USA	<sup>Zip</sup> カラフフフ	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Register	ed Agent	
			Name			
HEBDON, LEONARD 8410 FLAMEVINE AVE.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
SEMINOLE FL 34647				City Zip Code		
			City		FL Zip Code	
the obligat	ions of registered agent.  Signature, typed or printed name of registered agent  ILE NOW!!! FEE IS \$150.00		Registered Agent signature req	stered agent, or both, in the State of Florida. I  uired when reinstating)  9. Election Campaign Financing	\$5.00 May Be	
After Make Check	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	of State		Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEBDON, LEONARD B. 8410 FLAMEVINE AVE. SEMINOLE FL 33777	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HEBDON, JANET 8410 FLAMEVINE AVE. SEMINOLE FL 33777	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition 1	
TITLE		☐ Delete	TITLE	·	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS	,	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP		,	CITY-ST-ZIP			
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			
				O C 440 07/0V/) Flacida Statutos I fuebb	or cortifu that the information	

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:** 

Daytime Phone #