

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-08-2003 90175 016 ***150.00

DOCUMENT # H76031

1. Entity Name
L.B.J. ENTERPRISES INC.



Principal Place of Business
% JANET HEBDON
8380 ULMERTON RD., STE. 332
LARGO FL 33771
US

Mailing Address
% JANET HEBDON
8380 ULMERTON RD., STE. 332
LARGO FL 33771
US

2. Principal Place of Business

3. Mailing Address

8410 FLAME VINE AVE

8410 FLAME VINE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SEMINOLE, FL

City & State
SEMINOLE, FL -

Zip
33777

Country
USA

Zip
33777

Country
USA

4. FEI Number **59-2588631**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEBDON, LEONARD
8410 FLAMEVINE AVE.
SEMINOLE FL 34647
33777

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **HEBDON, LEONARD B.**
CITY-ST-ZIP **8410 FLAMEVINE AVE.**
SEMINOLE FL 33777

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

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **HEBDON, JANET**
CITY-ST-ZIP **8410 FLAMEVINE AVE.**
SEMINOLE FL 33777

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 APR 2003 7:40:43 4391

Date

Daytime Phone #

CR2E034 (10/02)