

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J28029

1. Entity Name
LLT BUILDING CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 15 PM 3:34

Principal Place of Business
C/O DENNIS TRIBBLE
402 W COLLEGE AVE
TALLAHASSEE FL 32301
US

Mailing Address
C/O DENNIS TRIBBLE
402 W COLLEGE AVE
TALLAHASSEE FL 32301
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2703644

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIBBLE, DENNIS
402 WEST COLLEGE AVENUE
TALLAHASSEE FL 32301

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 P
NAME TRIBBLE, DENNIS
STREET ADDRESS 402 W COLLEGE AVE
CITY-ST-ZIP TALLAHASSEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS 700017338597
CITY-ST-ZIP 04/30/03--01003--019 **150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS 700017338597
CITY-ST-ZIP 04/30/03--01003--020 **8.75

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 duly empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

C:\P2\F034 (10/02)