

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

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90670 037 ***150.00

DOCUMENT # K89027

1. Entity Name

L SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4020 Eastridge Dr.

3. Mailing Address

4020 Eastridge Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico, FL.

City & State

Valrico, FL.

4. FEI Number

650225778

Applied For

Not Applicable

Zip

33594

Country

Hillsborough

Zip

33594

Country

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Eileen Griffin

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

1430 Oakfield Dr.

City

Brandon

FL

Zip Code

33511

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P/T**
NAME **Glenn Ling**
STREET ADDRESS **4020 Eastridge Dr.**
CITY-ST-ZIP **Valrico, FL. 33594**

TITLE **V**
NAME **Jeffrey Ling**
STREET ADDRESS **506 Coombs Dr.**
CITY-ST-ZIP **Tallahassee, FL. 32308**

TITLE **D**
NAME **Amber Hilt**
STREET ADDRESS **421 Big Rock Lake Rd.**
CITY-ST-ZIP **Pickens, S.C. 29671**

TITLE
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

Glenn Ling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-02 813-681-5218

CR2E034B (12/01)