

FILED
May 29, 2002 8:00 am
Secretary of State

05-06-2002 90295 006 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013546

1. Entity Name

LOT DEVELOPERS, LLC

Principal Place of Business

933 LEE RD. #401
ORLANDO FL 32810

Mailing Address

933 LEE RD. #401
ORLANDO FL 32810

86952

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

05-1131751

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARGAS, ALFONSO C
933 LEE RD. #401
ORLANDO FL 32810

7. Name and Address of New Registered Agent

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: VARGAS, ALFONSO C
STREET ADDRESS: 933 LEE RD. #401
CITY-ST-ZIP: ORLANDO FL 32810
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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10. ADDITIONS/CHANGES

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

TITLE: MANAGER
NAME: ROD E. VARGAS
STREET ADDRESS: 1818 ILLINOIS ST
CITY-ST-ZIP: ORLANDO FL 32803
☐ Change ☒ Addition

TITLE: MANAGER
NAME: CHRIS D. PARENT
STREET ADDRESS: 304 HAZELNUT ST
CITY-ST-ZIP: WINTER SPRINGS FL 32708
☐ Change ☒ Addition

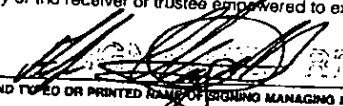
TITLE: MANAGER
NAME: RAUL A. VARGAS
STREET ADDRESS: 3100 PLAZA TERRACE DR
CITY-ST-ZIP: ORLANDO FL 32803
☐ Change ☒ Addition

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

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

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-21-02

Date

407 629 8180

Daytime Phone #