

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020888

1. Entity Name
L & B INVESTMENTS, LLC

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90091 008 ****50.00

Principal Place of Business

Mailing Address

941 FOURTH STREET #200M
MIAMI BEACH FL 33139

941 FOURTH STREET #200M
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

Name GERALD J. SNYDER

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

199 BIMINI DR
PALMETTO, FL 34221

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 *Gerald J. Snyder*

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

(NOTE: Registered Agent signature required when reinstating)

9/6/2002

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME ROMKEY, BARRIE W
STREET ADDRESS 941 FOURTH STREET #200M
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE MGRM
NAME ROMKEY, BARRIE W ☒ Change ☐ Addition
STREET ADDRESS 6260 KIPPS COLONY CRT. #203
CITY-ST-ZIP GULFPORT FL 33707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE MGRM
NAME ROMKEY, BARRIE W ☐ Change ☒ Addition
STREET ADDRESS 6260 KIPPS COLONY CRT. #203
CITY-ST-ZIP GULFPORT FL 33707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE REQUIRED

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

9/6/2002

Date

Daytime Phone #

CR2E083 (4/02)