

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000681

1. Entity Name
LBD ENTERPRISES, L.C.

Principal Place of Business

RT 4, BOX 292
QUINCY FL 32351

Mailing Address

RT 4, BOX 292
QUINCY FL 32351-9804

FILED

00 JAN 14 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7504 Hosford Hwy
Suite, Apt. #, etc.

3. Mailing Address

7504 Hosford Hwy
Suite, Apt. #, etc.

City & State

Quincy Fla

City & State

Quincy Fla

4. FEI Number

59-3400021

Applied For

Not Applied

Zip 32351

Country USA

Zip 32351

Country USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS & WHITE, L.C.
216 W. COLLEGE AVE.
SUITE 201
TALLAHASSEE FL 32301

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

1-10-00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME LEE, ROBERT F
STREET ADDRESS RT 4, BOX 292 7504 Hosford Hwy
CITY-ST-ZIP QUINCY FL 32351

☐ Delete

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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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 OR MANAGER

Date

Daytime Phone #