

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0394345 AV

DOCUMENT # M61426

1. Entity Name
L.N.V., INC.

04-09-2002 90060 025 ***150.00

Principal Place of Business
**3564 S. MILITARY TRAIL
 LAKE WORTH FL 33463
 US**

Mailing Address
**3564 S. MILITARY TRAIL
 LAKE WORTH FL 33463
 US**



DO NOT WRITE IN THIS SPACE

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
65-0024810

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PEILLY, ORRIN R
 105 S. NARCISSUS AVE, STE. 705
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **ALICIA VOGEL**

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

3564 S. MILITARY TRAIL

City **LAKE WORTH, FL 33463**

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **D VOGEL, ALICIA** ☐ Delete
 STREET ADDRESS **3564 SO. MILITARY TRAIL**
 CITY-ST-ZIP **LAKE WORTH FL**

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

TITLE
 NAME **D MAFFEE, NANCY** ☐ Delete
 STREET ADDRESS **3564 SO. MILITARY TRAIL**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02

Date

501-965-2200

Daytime Phone #

CR2E034 (9/01)