

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29150

1. Entity Name

L.L.Y.A., INC.

Principal Place of Business

6527 MERRILL RD.
JACKSONVILLE FL 32277
US

Mailing Address

P O BOX 15096
JACKSONVILLE FL 32239

2. Principal Place of Business

Same as Above!

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2941733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMSEY, JOE
3534 TULON DRIVE
JACKSONVILLE FL 32277

Name Willie D. Cummings

Street Address (P.O. Box Number is Not Acceptable)
8511 Mathonice Ave

City JACKSONVILLE

FL

Zip Code 32211

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 *Deandrous A. Johnson, Secretary*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MARCH 6, 2002

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Delete
NAME JOHNSON, ERIC
STREET ADDRESS 12031 SAVERIO LN
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ Change ☒ Addition
NAME Dave Foust
STREET ADDRESS 3227 Fiesta Ln
CITY-ST-ZIP JAX FL 32277

TITLE PD ☒ Delete
NAME RAMSEY, JOE
STREET ADDRESS 3534 TULON DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE PD ☐ Change ☒ Addition
NAME Willie Cummings
STREET ADDRESS 8511 Mathonice Ave
CITY-ST-ZIP JAX FL 32211

TITLE VD ☒ Delete
NAME HENDON, KATRINA
STREET ADDRESS 329 FULLMOON TRAIL
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE VD ☐ Change ☒ Addition
NAME Bill Moore
STREET ADDRESS 8216 Parkridge Cir N.
CITY-ST-ZIP JAX FL 32211

TITLE TD ☒ Delete
NAME PERTMER, JULIE
STREET ADDRESS 3859 COVE ST JOHN RD
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE JP ☐ Change ☒ Addition
NAME Chenita Williams
STREET ADDRESS 2579 Woolery Dr
CITY-ST-ZIP Jacksonville, FL 32211

TITLE SD ☒ Delete
NAME ANNUZZI, TINA
STREET ADDRESS 6930 EATON AVE
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE SD ☐ Change ☒ Addition
NAME DeAndrous Johnson
STREET ADDRESS 2579 Woolery Drive
CITY-ST-ZIP JAX FL 32211

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
NAME Keith Larson
STREET ADDRESS 3256 Fruitwood Ln
CITY-ST-ZIP JAX FL 32256

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deandrous A. Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

Date

(904) 791-6759

Daytime Phone #

CR2E037 (9/01)