

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90159 050 ****70.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Country



☐ CHECK HERE IF MAKING CHANGES

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

**CUMMINGS, WILLIE D
8511 MATHONIA AVE
JACKSONVILLE FL 32211**

7. Name and Address of New Registered Agent

Name **Willie Cummings, Willie D**

Street Address (P.O. Box Number is Not Acceptable)
8511 Mathonia 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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete
NAME **FOUST, DAVE**
STREET ADDRESS **3227 FIESTA LN**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **PD** ☐ Delete
NAME **CUMMINGS, WILLIE**
STREET ADDRESS **8511 MATHONIA AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **VD** ☒ Delete
NAME **MOORE, BILL**
STREET ADDRESS **8216 PARKRIDGE CR N**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **TD** ☐ Delete
NAME **WILLIAMS, CHENITA**
STREET ADDRESS **2579 WOOLERY DR**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **SD** ☐ Delete
NAME **DEANDROUS, JOHNSON**
STREET ADDRESS **2579 WOOLERY DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **VD** ☐ Delete
NAME **LARSON, KEITH**
STREET ADDRESS **3256 FRUITWOOD LN**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Harris, Karl**
STREET ADDRESS **10135 Gate Parkway N# 116**
CITY-ST-ZIP **Jacksonville, FL 32246**

TITLE **P** ☒ Change ☐ Addition
NAME **Cummings, Willie D**
STREET ADDRESS **8511 Mathonia Ave**
CITY-ST-ZIP **Jacksonville, FL 32211**

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

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

TITLE **S** ☐ Change ☐ Addition
NAME **DeAndrous Johnson**
STREET ADDRESS **2579 Woolery Dr**
CITY-ST-ZIP **Jax. FL 32211** **NO change**

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

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:

Willie Cummings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)