

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000003056

FILED
Apr 12, 2002 8:00 AM
Secretary of State

Entity Name: LOL ENTERPRISES, INC.

Current Principal Place of Business:

105 TARRAGONA WAY
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

105 TARRAGONA WAY
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-3546908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, ROBIN R
105 TARRAGONA WAY
DAYTONA BEACH, FL 32114

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: LOWE, VELMA
Address: 3437 SPRING OAK LANE
City-St-Zip: PORT ORANGE, FL 32119

Title: MD () Delete
Name: MICHELS, SUSAN
Address: 170 TAGAN ANN DR
City-St-Zip: NSB, FL 32168

Title: MD () Delete
Name: MCGINLEY, LOREN
Address: 740 BOSTON AVE
City-St-Zip: DAYTONA BCH, FL 32116

Title: MD () Delete
Name: WARD, KAREN
Address: 912 NIXON LANE
City-St-Zip: PORT ORANGE, FL 32119

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MD (X) Change () Addition
Name: MICHELS, SUSAN
Address: 170 TAGANONA DR
City-St-Zip: NSB, FL 32168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MD () Change (X) Addition
Name: MARFOGLIA, LUCI
Address: 4050 S. PENNISULA DRIVE
City-St-Zip: WILBER BY THE SEA, FL 32127

Title: MD () Change (X) Addition
Name: ANNE, CUMMINGS
Address: 3 SILVER LAKE WAY
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VELMA LOWE

MD

04/12/2002

Electronic Signature of Signing Officer or Director

Date