

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000005591**

1. Entity Name

L&L ENTERPRISES OF CENTRAL FLORIDA, INC.

Principal Place of Business

**2422 RIDGESIDE RD.
APOPKA FL 32712**

Mailing Address

**2422 RIDGESIDE RD.
APOPKA FL 32712**

2. Principal Place of Business

734 Swaying Palm Dr.

Suite, Apt. #, etc.

3. Mailing Address

734 Swaying Palm Dr.

Suite, Apt. #, etc.

City & State

Apopka FL

Zip

32712

Country

Orange

City & State

Apopka FL

Zip

32712

Country

Orange

4. FEI Number

598621000

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

L'HOMMEDIU, MARK**2422 RIDGESIDE RD.****APOPKA FL 32712**

Name

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

734 Swaying Palm DrCity **Apopka****FL**Zip Code **32712**

7. Name and Address of New Registered Agent

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 registering 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 \$550.00**After September 12, 2001 Fee will be \$750.00****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

TITLE	D	<input type="checkbox"/> Delete
NAME	L'HOMMEDIU, MARK	
STREET ADDRESS	2422 RIDGESIDE RD.	
CITY-ST-ZIP	APOPKA FL 32712	

TITLE	D	<input type="checkbox"/> Delete
NAME	LILLETHROUP, JAMIE	
STREET ADDRESS	209 LOVELL LN.	
CITY-ST-ZIP	APOPKA FL 32703	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	734 Swaying Palm Dr	
STREET ADDRESS	Apopka, FL 32712	
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	734 Swaying Palm Dr	
STREET ADDRESS	Apopka, FL 32712	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

9/12/01 (407) 814-7022

FILED

01 OCT -1 PM 12:26

DO NOT WRITE IN THIS SPACE

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