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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED.

03 NOV 25 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P0000003170*

1. Entity Name

L.H. Stanley Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16235 72 Road North

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

City & State

Zip

33470

Country

Zip

Country

100025525691
12/16/03--01034--007 **450.00
REINSTATEMENT *01-03 WOP*

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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IN THIS SPACE**

Name and Address of Current Registered Agent

Name *Silvio Hernandez*

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

16235 72 Road North

City *Loxahatchee*

FL

Zip Code

33470

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

Silvio Hernandez

Signature, typed or printed name of registered agent and date of registration.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*Silvio Hernandez
16235 72 Road North
Loxahatchee, FL 33470*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Silvio Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Daytime Phone #

CFE031B (12/02)

282

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 450.00 for the annual report fee with my application.

Please be advise that on December 2000 we moved to 16235 72 Road North Loxahatchee, FL 33470 and we did not receive the U.B.R. for the years 2001, 2002 & 2003 or any other notice from the Division of Corporations in respect with the Corporation L.M. STANLEY, INC.

Thank you for your courtesy in this matter.



SILVIO HERNANDEZ
PRESIDENT