

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049888

1. Entity Name
L R ENTERPRISES OF THE GULFCOAST INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90015 018 ***150.00

Principal Place of Business

10091 STONECROP AVE
ENGLEWOOD FL 34224

Mailing Address

10091 STONECROP AVE
ENGLEWOOD FL 34224

2. Principal Place of Business

3578 S. McCall Rd.

3. Mailing Address

3578 S. McCall Rd.

Suite, Apt. #, etc.

B-C

Suite, Apt. #, etc.

B-C

City & State

ENGLEWOOD, FL.

City & State

ENGLEWOOD, FL.

Zip

34224

Country

USA

Zip

34224

Country

USA

4. FEI Number

65-1004051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANDT, MAURINA D
10091 STONECROP AVE
ENGLEWOOD FL 34224

Name ~~MAURINA D. BRANDT~~

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

48 GOLFVIEW COURT

City ROTONDA WEST

FL

Zip Code 33947

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 registered 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS BRANDT, MAURINA D
CITY-ST-ZIP 10091 STONECROP AVE
ENGLEWOOD FL 34224

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 48 GOLFVIEW COURT
CITY-ST-ZIP ROTONDA WEST, FL. 33947

TITLE ☐ Delete
NAME D
STREET ADDRESS ECKERT, LARRY
CITY-ST-ZIP 48 GOLFVIEW COURT
ROTONDA WEST FL 33947

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Maurina D. Brandt* MAURINA D. BRANDT

4-4-01

941-475-0744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)