

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90177 016 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000052264

1. Entity Name
LB BUSINESS SYSTEM INC.



Principal Place of Business
**C/O PETRA ROLLER/COAST-TO-COAST INV GRP
8040 TIGER LILY DRIVE
NAPLES, FL 34113**

Mailing Address
**C/O PETRA ROLLER/COAST-TO-COAST INV GRP
8040 TIGER LILY DRIVE
NAPLES, FL 34113**

11009935



2. Principal Place of Business
LB BUSINESS SYSTEM

3. Mailing Address
LB BUSINESS SYSTEMS

Suite, Apt. #, etc.
8177 SARATOGA DR. #1003

Suite, Apt. #, etc.
8177 SARATOGA DR. #1003

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34113

Country

Zip
34113

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3648199

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BOSSE, LAURENCE
8040 TIGER LILY DR
NAPLES, FL 34113**

7. Name and Address of New Registered Agent

Name **BOSSE LAURENCE**

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

8177 SARATOGA DRIVE #1003

City **NAPLES**

FL

Zip Code **34113**

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

Laurence A. Bosse
Signature, typed or printed name of registered agent and title if applicable.

LAURENCE A. BOSSE, Pdt.

(NOTE: Registered Agent's signature required when registering)

DATE

04/18/03

FILE DOWN!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to: Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME **PTD BOSSE, LAURENCE A** ☐ Delete
STREET ADDRESS **8040 TIGER LILY DR**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE
NAME **VS BOSSE, PHILLIP** ☐ Delete
STREET ADDRESS **8040 TIGER LILY DRIVE**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PTD BOSSE LAURENCE** ☒ Change ☐ Addition
STREET ADDRESS **8177 SARATOGA DR. #1003**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE
NAME **V S BOSSE PHILIPPE** ☒ Change ☐ Addition
STREET ADDRESS **8177 SARATOGA DR. #1003**
CITY-ST-ZIP **NAPLES, FL 34113**

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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 reports 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laurence A. Bosse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURENCE BOSSE, Pdt.

Date

Daytime Phone #

04/18/03 239-775-7405

CR2E034 (10/02)