# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 21, 2002 8:00 am**
**Secretary of State**
05-21-2002 90001 026 ***150.00

DOCUMENT # P00000103813

1. Entity Name
LYJETHAN SERVICES INC.

Principal Place of Business
7523 ALOMA AVE. SUITE 205D
WINTER PARK FL 32792

Mailing Address
7523 ALOMA AVE. SUITE 205D
WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 7523 ALOMA AVE. | 7523 ALOMA AVE. |
| Suite, Apt. #, etc. SUITE 203-B | Suite, Apt. #, etc. SUITE 203-B |
| City & State WINTER PARK, Fl. | City & State WINTER PARK, FL |
| Zip 32792 / Country | Zip 32792 / Country |

4. FEI Number 59-3681391 — Applied For / Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ULLOA, KETTY A<br>7523 ALOMA AVE, SUITE 205-B<br>WINTER PARK FL 32792 | Name LYNN J. ULLOA<br>Street Address (P.O. Box Number is Not Acceptable)<br>7523 ALOMA AVE. SUITE 203-B<br>City WINTER PARK FL Zip Code 32792 |

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 L. Ulloa Lynn J. Ulloa 4/26/02
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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ULLOA, KETTY A<br>7581 DOCKSIDE STREET<br>WINTER PARK FL 32792<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>ULLOA, LYNN J<br>1323 CASA PARK CIRCLE<br>WINTER SPRINGS FL 32708<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>ORELLANA, JULIA<br>416 N WESTERN AVE<br>ALTAMONTE SPRINGS FL 32714<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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:** Ketty Ulloa KETTY A. ULLOA 4/26/02 (407) 681-4593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)