4/2/0

FILED May 24, 2002 8:00 am Secretary of State

🗷 2002 Uniform Business Report (UBR)

1. Entity Nan	MENT# P0100 L'S ISLAND, INC.	0029989				ary Or k 2 90935 013 **		,
Principal Plac	ce of Business	Mailing Address	_ 					
✓ 288-Z SMITH SUNDY ROAD ✓ 288-Z SMITH SUNDY ROAD DELRAY BEACH FL 33466 DELRAY BEACH FL 33446								
DECHAT BEA	ICH FL 3946	DELICAT BEACH PL 33446		-	103 111 1010 470 421 421 421	AEM GRILD (1912 Jawa (1919	(COLUMN 1811 1861	
7 62	N (D	3. Mailing Address	 ,					
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City & Stat	P.to. E/	City & State			4. FEI Number 43-1958781	1— 1	oplied For of Applicable	<u>-</u>
Zip	Country	73487	Country Beach	_/ !	5. Certificate of Status Desired	\$8.75 Add	ditional	7
3348	6. Name and Address of Current F		HUN DEAC	74	/. Name and Address of New Reg			_
			c Name _s					-
MOMBACH; GEOFFREY				Street Address (P.O. Box Number is Not Acceptable)				
[·	ERDALE FL 33394							7
<u> </u>			City		· · · · · · · · · · · · · · · · · · ·	FL Zip Code	9	1
8. The above	named entity submits this statement for	the purpose of changing its reg	istered office of	r registered	agent, or both, in the State of Florid	la.		1
01011477105								1
;SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Ret	gistered Agent signa	dure required wh	en reinstating)	DATE		_
9. This corporation is eligible to satisfy its intangible Tax liling requirement and elects to do so. (See criteria on back), Tax liling requirement and elects to do so.			Fee will be \$	550.00	10. Election Campaign Finant Trust Fund Contribution.		May Be I to Fees	
11.	OFFICERS AND C		12.		ADDITIONS/CHANGES TO OFFICE			1_
TITLE NAME	D Wolf, Steven	☐ Deriete	TITLE NAME	1		Change	☐ Addition	(9/01)
STREET ADDRESS CITY-ST-ZIP	288-Z SMITH SUNDY ROAD		STREET ADDRESS CITY-ST-ZIP	15801	N. Congress Avenue Paton FL 33487	<u> </u>	•	CR2E034
TITLE	DELRAY BEACH FL 33446	Delete	TITLE	BOCA	Fd ton , FL 33487	☐ Change	Addition	{g
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CITY-ST-ZIP			CITY-ST-ZIP					
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STREET ADDRESS			STREET ADDRESS]				}
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indicated of the cor changed,	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or histore empoyor or on an attachment with an address.	me aiming does not quality for the rule and accurate and that my sl the dot execute this report as rule all other like empowered.	lgnature shall h equired by Cha	ave the sam apter 607, Fl	e legal effect as if made under oath orida Statutes; and that my name ap	i; that I am an officer of opears in Block 11 or	ormation or director Block 12 if	
SIGNATURE: BIGNATURE: BIGNATURE AND TYPED OR PRINTED THOME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: BIGNATURE AND TYPED OR PRINTED THOME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: BIGNATURE:								