FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Mar 24, 2002 8:00 am P01000033928 DOCUMENT # **Secretary of State** 1. Entity Name 03-24-2002 90009 042 \*\*\*150.00 LADYBIRD ENTERPRISES, INC. Principal Place of Business-Mailing Address 4134 GULF OF MEXICO. 4134 GULF OF MEXICO SUITE 302 LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 2. Principal Place of Business 3. Mailing Address LAKE FOREST BOULEVARD LAKE FOREST BOULEVARD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE LAKE LAKE FOREST FOREST City & State City & State 4. FEI Number Applied For SANDFORD FLORIDA FLOR, DA SANDRORD 65-1096027 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32771 3277/ us A usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARL HANSLA HANSLA, CARL Street Address (P.O. Box Number is Not Acceptable) 4134 GULF OF MEXICO BROADOAK LOOP **SUITE 302** LONGBOAT KEY FL 34228 SANDFORD 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE 44 Addition HANSLA HANSLA, CARL CARL NAME NAME 700 BROADOAK LOOP, LAKE FOREST 4134 GULF OF MEXICO STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 34228 SANFORD . FLORIDA CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME SIMON HANSLA 700 BROADOAK LOOP LAKE FOREST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SANFORD . FLORIDA 32771 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.