

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-24-2002 90378 003 ***150.00

DOCUMENT # P01000038059

1. Entity Name
L.E.S. SPECIALTY PRODUCTS, INC.

Principal Place of Business
1161 SARAH CT
DUNEDIN FL 34698 - 6127

Mailing Address
1161 SARAH CT
DUNEDIN FL 34698 - 6127

2. Principal Place of Business
AS ABOVE
 Suite, Apt. #, etc.

3. Mailing Address
AS ABOVE
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3719277

Applied For
 Not Applicable

Zip Country
34698-6127 PINELAS

Zip Country
34698-6127 PINELAS

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

SARNAGO, LOUIS
1161 SARAH CT
DUNEDIN FL 34698

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Louis Sarnago* **LOUIS SARNAGO**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

5-8-02
 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 ☐ Delete
PRES.
 NAME **LOUIS SARNAGO**
 STREET ADDRESS **1161 SARAH CT**
 CITY-ST-ZIP **DUNEDIN, FL 34698-6127**

TITLE ☐ Delete
 NAME **V.P. - SEC**
 STREET ADDRESS **ETHEL M. SARNAGO**
 CITY-ST-ZIP **1161 SARAH CT**
DUNEDIN, FL 34698-6127

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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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 *Louis Sarnago* **LOUIS SARNAGO** **03/01/02**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)