2003 FOR PROFIT CORPORATION

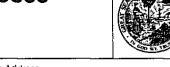
UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P01000059865

1. Entity Name

F & L, LIMITED, INC.



Principal Place of Business 5933 BAGPIPE PLACE LEESBURG FL 34748 US

Suite, Apt. #, etc.

City & State

Zip

Mailing Address 5933 BAGPIPE PLACE LEESBURG FL 34748

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address

FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90430 009 ***150.00



☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For

6. Name and Address of Current Registered Agent WARNER, FRED H 5933 BAGPIPE PLACE LEESBURG FL 34748

Name		<u>· </u>				
Street Addr	ess (P.O. Box Nu	mber is Not Aco	ceptable)		••••	-
Oit.				7:-		

59-3724659

7. Name and Address of New Registered Agent

5. Certificate of Status Desired

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.

Country

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Not Applicable

\$8.75 Additional

Fee Required

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

10.	OFFICERS AND DIRECTORS	J 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Delete WARNER, FRED H 5933 BAGPIPE PLACE LEESBURG FL 34748	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change [Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Delete WARNER, LOUAN 5933 BAGPIPE PLACE LEESBURG FL 34748	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change [Addition
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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.