


FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90052 005 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000108718 1. Entity Name L & B Home Services, Inc.	
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DO NOT WRITE IN THIS SPACE

40044846

2. Principal Place of Business 28250 County Rd Suite, Apt. #, etc.	3. Mailing Address 28250 County Rd Suite, Apt. #, etc.
City & State Little Torch Key, FL Zip 33042 Country US	City & State Little Torch Key, FL Zip 33042 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 165-1154727	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Becky A LaFrance**
Street Address (P.O. Box Number is Not Acceptable)

28250 County Rd
City **Little Torch Key** **FL** Zip Code **33042**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP P Lennie M LaFrance 28250 County Rd Little Torch Key, FL 33042	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP V Becky A LaFrance 28250 County Rd Little Torch Key, FL 33042	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Becky A LaFrance **Becky A LaFrance** 3/30/05 (305) 872-7204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)