

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90138 049 ***150.00

DOCUMENT # P02000002942

1. Entity Name
LORD ENTERPRISES, INC.



Principal Place of Business
243 W. PARK AVE., SUITE 201
WINTER PARK FL 32789

Mailing Address
243 W. PARK AVE., SUITE 201
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

13469 N. Hwy. 441-27
Suite, Apt. #, etc.

13469 N. Hwy. 441-27
Suite, Apt. #, etc.

City & State

City & State

Lady Lake, FL

Lady Lake, FL

Zip

Country

Zip

Country

32159 USA

32159 USA

4. FEI Number

Applied For

Not Applicable

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

LARSEN, ERIK C
243 W. PARK AVE., SUITE 201
WINTER PARK FL 32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LORD, GARY
STREET ADDRESS 1B SABDAK AVE, SANDAL, WAKEFIELD
CITY-ST-ZIP WEST YORKSHIRE U.K. WF2 7LP

TITLE PD
NAME Lord, Gary
STREET ADDRESS 13469 N. Hwy 441-27
CITY-ST-ZIP Lady Lake, FL 32159

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME Mellers, Denise
STREET ADDRESS 13469 N. Hwy. 441-27
CITY-ST-ZIP Lady Lake, FL 32159

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CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GARY LORD

Date

Daytime Phone #

Jan. 10, 2003 352-753-2023

CR2E034 (10/02)