

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90114 014 ***150.00

DOCUMENT # P02000005734

1. Entity Name

L M L ENTERPRISES INC



Principal Place of Business
**2830 ROYAL PALM DR.
NORTH PORT FL 34288**

Mailing Address
**2830 ROYAL PALM DR.
NORTH PORT FL 34288**

2. Principal Place of Business

P.O. Box 51001

3. Mailing Address

P.O. Box 51001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

02-0563741

Applied For

Not Applicable

Zip

34232

Country

US

Zip

34232

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LAKE, JOHN R
4858 HAMLETS GROVE DR.
SARASOTA FL 34235**

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
NAME **LAKE, RAY F**
STREET ADDRESS **2830 ROYAL PALM DR.**
CITY-ST-ZIP **NORTH PORT FL 34288**

TITLE **V** ☐ Delete
NAME **LAKE, JOHN R**
STREET ADDRESS **4858 HAMLETS GROVE DR.**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **LAKE, RAY F**
STREET ADDRESS **2006 LYNX RUN**
CITY-ST-ZIP **NORTH PORT, FL 34288**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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
Ray F LAKE

4/9/03
Date

941 628-6916
Daytime Phone #

CR2E034 (10/02)