

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # ~~001000077379~~ *P02000005734*

1. Entity Name

L M L ENTERPRISES, INC.

03 DEC 10 AM 9:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P O Box 510013. Mailing Address
P O Box 51001

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota, FLCity & State
Sarasota, FL4. FEI Number
02-0563781Applied For
Not ApplicableZip
34232

Country

Zip
34232

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *Lake, Ray*Street Address *154 Grand Oak Circle*City *Venice*FL *34292*

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

(Signature, typed or printed name of registered agent and title is applicable)

(NOTE: Registered Agent signature is required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Lake, Ray</i> <i>154 Grand Oak Circle</i> <i>Venice, FL 34292</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>400024924904</i> <i>11/21/03-01042-009 **61.25</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Lake, John</i> <i>3897 Canopy Way</i> <i>Sarasota, FL 34235</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Moylan, Randall</i> <i>4822 Hamlet Grove Drive</i> <i>Sarasota, FL 34235</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ray Lake**11-18-2003*

Date

Daytime Phone #

CR2003HB (12/01)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 26, 2003

D & M CLEANING PLUS, INC.
po box 51001
sarasota, FL 34232

SUBJECT: D & M CLEANING PLUS, INC.
Ref. Number: P01000077379

We have received your document for D & M CLEANING PLUS, INC. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 103A00064086

JUSTIN

PER OUR CONVERSATION THIS DATE 1051AM I
HAVE CORRECTED THE UBR FORM TO REFLECT THE
CORRECT DOCUMENT # TO BE P02000005734
IF YOU HAVE ANY OTHER QUESTION YOU CAN
CONTACT ME AT 941-234-2050 24/7.
THANK YOU IN ADVANCE

RAY LAKE 12/8/03

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

NA