

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90192 010 ***558.75

DOCUMENT # P02000025229

1. Entity Name
**L AND I EDUCATIONAL, ENVIRONMENTAL AND TECHNICAL
SERVICES, INC.**



Principal Place of Business
**5513 PENDLETON DRIVE
ORLANDO FL 32839**

Mailing Address
**P O BOX 550779
ORLANDO FL 32855**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0471974

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

**TAYLOR, LOUIS R SR.
5513 PENDLETON DRIVE
ORLANDO FL 32839**

Name
IRENE A. TAYLOR

Street Address (P.O. Box Number is Not Acceptable)
5513 PENDLETON DRIVE

City
ORLANDO

FL

Zip Code
32839

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

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

(NOTE: Registered Agent signature required when reinstating)

8/28/03
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**TAYLOR, LOUIS R SR.
5513 PENDLETON DRIVE
ORLANDO FL 32839**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TAYLOR, IRENE A
5513 PENDLETON DRIVE
ORLANDO FL 32839**

☐ Delete

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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:

Irene A. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/28/03

Daytime Phone #

407-855-9156

CR2E034 (10/02)