


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0107960 AV

DOCUMENT # P02000028410

1. Entity Name
L.S. DEVELOPER SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV -1 AM 8:00

Principal Place of Business
**2150 CANNON BLVD.
NAPLES FL 34120**

Mailing Address
**2150 CANNON BLVD.
NAPLES FL 34120**



2. Principal Place of Business
2150 CANNON BLVD

3. Mailing Address
2150 CANNON BLVD

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES **MRS**

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34120 Country **U.S.A.**

Zip
34120 Country **U.S.A.**

4. FEI Number
010648508

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SAGE, DAVID S
2150 CANNON BLVD.
NAPLES FL 34120**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
REINSTATEMENT 03-04

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of a registered agent.

SIGNATURE *David Sage* DATE **October 24, 2004**

Signature of Registered Agent (Required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, DAVID A 770 - 4TH ST. SE NAPLES FL 34117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SAGE, DAVID S 2150 CANNON BLVD. NAPLES FL 34120	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	600041715046 10/08/04--01036--003 **900.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 *David Sage* DATE **Oct 24/04** DAYTIME PHONE # **602-0455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)