

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-02-2003 90386 036 ***150.00

DOCUMENT # P02000031397

1. Entity Name
LJ'S HIDEAWAY, INC.



Principal Place of Business
6374-6 FOREST HILL BLVD
GREENS ACRES FL 33415

Mailing Address
6374-6 FOREST HILL BLVD
GREENS ACRES FL 33415

2. Principal Place of Business
6376 Forest Hill Blvd
Suite, Apt. #, etc.

3. Mailing Address
6376 Forest Hill Blvd
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

32-0008892

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GORMAN, DAVID L
618 US HWY ONE STE 303
N PALM BCH FL 33408

7. Name and Address of New Registered Agent

Name **Roberts, Lisa**
Street Address (P.O. Box Number is Not Acceptable) **6376 Forest Hill Blvd**
City **Greenacres** **FL** **Zip Code** **33415**

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 **Lisa Roberts**

Lisa Roberts

4/30/03

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 **D** ☐ **Delete**
NAME **ROBERTS, LISA**
STREET ADDRESS **840 WINDTREE WAY**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☐ **Delete**
NAME **CONNER, JAMES**
STREET ADDRESS **275 WOODLAND RD**
CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME
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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 **Lisa Roberts**

4/30/03

561-434-9930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)