

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90363 010 \*\*\*150.00

0597329  
AV

**DOCUMENT # P02000032181**

1. Entity Name  
**LICA SERVICES, INC.**



Principal Place of Business  
**803 SPRING PARK LOOP  
CELEBRATION FL 34747**

Mailing Address  
**803 SPRING PARK LOOP  
CELEBRATION FL 34747**



2. Principal Place of Business  
**3501 W. VINE STREET  
SUITE 339**

3. Mailing Address  
**3501 W. VINE STREET  
SUITE 339**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**KISSIMMEE, FL**  
Zip  
**34741**

City & State  
**KISSIMMEE, FL**  
Zip  
**34741**

4. FEI Number  
**54-2063460**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LILUE, REINALDO  
803 SPRING PARK LOOP  
CELEBRATION FL 34747**

**7. Name and Address of New Registered Agent**

Name **~~LILUE, REINALDO~~**  
Street Address (P.O. Box Number is Not Acceptable)  
**~~3501 W. VINE STREET~~**  
City **~~KISSIMMEE~~** FL **~~34741~~**

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

**04/28/03**

**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 ☐ Delete  
NAME **D LILUE, REINALDO**  
STREET ADDRESS **803 SPRING PARK LOOP**  
CITY-ST-ZIP **CELEBRATION FL 34747**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME **REINALDO, LILUE**  
STREET ADDRESS **3501 W. VINE STREET, SUITE 339**  
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 life empowered.

SIGNATURE:

**SIGNATURE: REINALDO LILUE 04/28/03 407-7294654**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)