

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90106 008 \*\*\*150.00

**DOCUMENT #** P02000032992

**1. Entity Name**  
LILABOL, INC.



**Principal Place of Business**  
2260 GREEN BACK CIR. STE 103  
NAPLES FL 34112

**Mailing Address**  
2260 GREEN BACK CIR. STE 103  
NAPLES FL 34112



**2. Principal Place of Business**

**3. Mailing Address**

11902-Bonita Beach Road 860-92 Ave North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Red. 107

City & State

City & State

Bonita Springs, FL 34135 Naples Florida

Zip

Country

Zip

Country

34135

USA

34108

USA

**4. FEI Number**

72-1522474

**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**

COSTA OROZA, GABRIEL  
2260 GREEN BACK CIR, STE 103  
NAPLES FL 34112

**Name**

Costa Oroza Gabriel

**Street Address (P.O. Box Number is Not Acceptable)**

860-92 Ave North

**City**

Naples FL

**FL**

**Zip Code**

34108

**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, applicable.

(NOTE: Registered Agent signature required when reinstating)

**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**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	JORGET OROZA, LILY	
<b>STREET ADDRESS</b>	2260 GREEN BACK CIR, STE 103	
<b>CITY-ST-ZIP</b>	NAPLES FL 34112	
<b>TITLE</b>	<b>V</b>	<input type="checkbox"/> Delete
<b>NAME</b>	COSTA OROZO, GABRIEL	
<b>STREET ADDRESS</b>	2260 GREEN BACK CIR, STE 103	
<b>CITY-ST-ZIP</b>	NAPLES FL 34112	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Jorget Oroza Lily
<b>STREET ADDRESS</b>	860-92 Ave North
<b>CITY-ST-ZIP</b>	Naples FL. 34108
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Costa Oroza Gabriel
<b>STREET ADDRESS</b>	860-92 Ave North
<b>CITY-ST-ZIP</b>	Naples FL. 34108
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/03

Date

Daytime Phone #

CR2E034 (10/02)