

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2003 8:00 am**  
**Secretary of State**

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05-08-2003 90164 022 \*\*\*150.00

<b>DOCUMENT # P02000102862</b>			
<b>1. Entity Name</b> L.B. OF CENTRAL FLORIDA, INC.			
<b>Principal Place of Business</b> 5535 GROSS COURT ORLANDO FL 32810 US		<b>Mailing Address</b> 5535 GROSS COURT ORLANDO FL 32810 US	
<b>2. Principal Place of Business</b> 5535 Gross Ct Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
<b>City &amp; State</b> Orlando FL		<b>City &amp; State</b>	
<b>Zip</b> 32804		<b>Country</b> USA	
<b>4. FEI Number</b> 51-0427692		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ALBRECHT, LAURENCE H 5535 GROSS COURT ORLANDO FL 32810		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b>			
<b>SIGNATURE</b>		<b>DATE</b> 6/20/03	
(NOTE: Registered Agent signature required when re-registering)		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> President <b>NAME</b> LAURENCE ALBRECHT <b>STREET ADDRESS</b> 5535 Gross Ct. orl fl 32810 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<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.</b>			
<b>SIGNATURE</b>		<b>DATE</b> 6/20/03	
(NOTE: Signature and typed name of signing officer or director)		<b>Daytime Phone #</b> 407 538 2337	

CR2004 (10/02)