

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0446723
AV

DOCUMENT # P02000118510

1. Entity Name

LLS PANGLER, INC.

LL Spangler, Inc.



FILED

03 MAR 12 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5501 DORMANY RD. N
PLANT CITY FL 33565-3517

Mailing Address
5501 DORMANY RD. N
PLANT CITY FL 33565-3517

2. Principal Place of Business

5501 Dormany Rd N.

3. Mailing Address

5501 Dormany Rd N

Suite, Apt. #, etc.

Plant City FL

Suite, Apt. #, etc.

Plant City FL

City & State

FL 33565 Hillsborough

City & State

33565 Hillsborough

Zip

Country

Zip

Country

4. FEI Number

14-1871786

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DURLAND, ANN

4314 BARRET AVENUE

PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name

Linda C. Spangler

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

5501 N. Dormany Rd

City

Plant City

FL

Zip Code

33565

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

Linda C. Spangler

Ann C Spangler

Signature, typed or printed name of registered agent and title if 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

TITLE	President	<input type="checkbox"/> Delete
NAME	Linda C. Spangler	
STREET ADDRESS	5501 N. Dormany Rd	
CITY-ST-ZIP	Plant City FL 33565	
TITLE	Ann Spangler V.P.	<input type="checkbox"/> Delete
NAME	Ann Spangler	
STREET ADDRESS	5501 N. Dormany Rd	
CITY-ST-ZIP	Plant City FL 33565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000014386210	
STREET ADDRESS	03/20/03--01001--028	
CITY-ST-ZIP	**150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

Linda C. Spangler

Ann C Spangler 2-19-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-477-5577

CR2E034 (10/02)