

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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| DOCUMENT # P02000128582 1. Entity Name LAGNIAPPE CONSULTANTS, INC | | | | FILED -8 AM 9:20 SECRETARY OF STATE TREASURER FLORIDA STATEMENT 03-04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 15306 APPLETON BLVD PORT CHARLOTTE FL 33981 US | | Mailing Address 15306 APPLETON BLVD PORT CHARLOTTE FL 33981 US | | <input type="checkbox"/> CHECK HERE IF MAKING CHANGES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | City & State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip Country | | Zip Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 13 4225327 | | | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent ANDERSON, VERONICA M 15306 APPLETON BLVD PORT CHARLOTTE FL 33981 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%;">Delete</td> </tr> <tr> <td>NAME</td> <td>PD Anderson, Veronica M.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15306 Appleton Blvd</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Port Charlotte, FL 33981</td> <td></td> </tr> </table> | | | TITLE | NAME | Delete | NAME | PD Anderson, Veronica M. | <input type="checkbox"/> | STREET ADDRESS | 15306 Appleton Blvd | | CITY-ST-ZIP | Port Charlotte, FL 33981 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%;">Change</td> <td style="width: 20%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> | | | TITLE | NAME | Change | Addition | NAME | | <input type="checkbox"/> | <input type="checkbox"/> | STREET ADDRESS | | | | CITY-ST-ZIP | | | |
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| 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 807, 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: <u><i>Veronica M. Anderson</i></u> 2/28/2003 (941) 697-8198 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

83 2 82

HOWARD R. WOMELDORPH, JR., C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT

7648 LOCKWOOD RIDGE ROAD, SARASOTA, FLORIDA 34243 (941) 351-3561

March 3, 2004

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

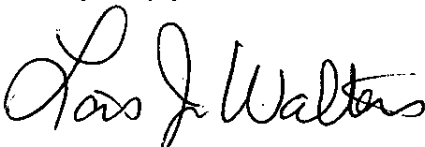
RE: Lagniappe Consultants, Inc.
Document #P02000128582
FEI # 13-4225327

To Whom It May Concern:

Please process the 2003 for Profit Corporation Uniform Business Report received by my client Lagniappe Consultants, Inc. My client did not receive the March 3, 2003 correspondence asking for corrections. Also enclosed is a check for \$150.00 for the 2004 Uniform Business Report, we were unable to download a current copy of the Uniform Business Report for 2004 so please process this report.

Please review your files and update your records. If you have any questions regarding this matter, call me at 941-351-3561.

Very truly yours,



Lois J. Walters

LJW/jmm