

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90053 028 ***550.00

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DOCUMENT # P02000134536

1. Entity Name
LILLIAN ASSURANCE GROUP, INC.



Principal Place of Business
**414 LILLIAN DRIVE
ORLANDO FL 32806
US**

Mailing Address
**414 LILLIAN DRIVE
ORLANDO FL 32806
US**

2. Principal Place of Business

3. Mailing Address

625 Waltham Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

Country

Zip

32809

Country

4. FEI Number

74-3073789

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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	D	<input checked="" type="checkbox"/> Delete
NAME	WHITE, L. E.	
STREET ADDRESS	414 LILLIAN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	Jacob W. Hoechst	<input type="checkbox"/> Delete
NAME	Jacob W. Hoechst	
STREET ADDRESS	414 Lillian Dr.	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J. W. Hoechst Director **July 8, 03** **(407) 855-1136**

CR2E034 (4/03)