

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90034 001 ***150.00

DOCUMENT # P93000030760

1. Entity Name
LLOYD & ULMAN, INC.



Principal Place of Business
**9046 LAKES BLVD
WEST PALM BEACH, FL 33412 US**

Mailing Address
**9046 LAKES BLVD
WEST PALM BEACH, FL 33412 US**

40001657



2. Principal Place of Business
8180 WOODSMuir DR.
Suite, Apt. #, etc.

3. Mailing Address
8180 WOODSMuir DR
Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State
WPRB FL
Zip
33412
Country
PB

City & State
WPRB FL
Zip
33412
Country
PB

4. FEI Number
65-0407956
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KRUSKI, EUGENIA L
9046 LAKES BLVD
WEST PALM BEACH, FL 33412**

7. Name and Address of New Registered Agent

Name
KRUSKI, EUGENIA L
Street Address (P.O. Box Number is Not Acceptable)
8180 WOODSMuir DR.
City
WPRB FL Zip Code
33412

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KRUSKI, EUGENIA L.
9046 LAKES BLVD
WEST PALM BEACH, FL 33412** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GREGORY J. KRUSKI
9046 LAKES BLVD
WEST PALM BCH, FL 33412** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
- ☐ Delete

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TITLE
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CITY-ST-ZIP
- ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Date

Daytime Phone #