

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000048438

1. Entity Name  
L & R SERVICES, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90034 039 \*\*\*150.00

Principal Place of Business Mailing Address  
7 SAINT GILES RD 7 SAINT GILES RD  
PBG FL 33418 PALM BCH GDNS FL 33418-3704  
US US

2. Principal Place of Business Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLINGTON, RICHARD R  
701 US 1, S-402  
N PALM BCH. FL 33418

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME CLARK, LISA B  
STREET ADDRESS 7 SAINT GILES RD  
CITY-ST-ZIP PALM BCH GDNS FL 33418 ☐ Delete

TITLE PD  
NAME Lisa Marie McClung  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE STD  
NAME BARILE, ANGELO J  
STREET ADDRESS 7 ST GILES RD  
CITY-ST-ZIP PALM BCH GDNS FL 33418 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lisa Marie McClung*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2000 561-775-7775  
Date Daytime Phone #

CR2E034 (9/99)