

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90038 046 ***150.00

DOCUMENT # P93000072287

1. Entity Name
L & D FOODS, INC.

Principal Place of Business

106 HANCOCK BRIDGE
CAPE CORAL FL 33991
US

Mailing Address

17050 LAURELIN CT NE
N FT MYERS FL 33917

80097255



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17050 laurelin ct NE

3. Mailing Address

Suite, Apt. #, etc.

N. Ft Myers FL

City & State

Zip

Country

33917
USA

4. FEI Number

65-0431779

☒ **Applied For**

☐ **Not Applicable**

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLIGH, LINDA
17050 LAURELIN CT NE
N FT MYERS FL 33917

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BLIGH, DOUGLAS
17050 LAURELIN CT NE
N FT MYERS FL 33917

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BLIGH, LINDA
17050 LAURELIN CT NE
N FT MYERS FL 33917

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BLIGH, JEREMY
17050 LAURELIN COURT
NORTH FT. MYERS FL

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ **Delete**

12. 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**

CR2034 (9/01)

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:

SIGNATURE REQUIRED
Linda Bligh

Date

Daytime Phone #

4/23/02 941 731-9255