2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

City & State

City & State

Zip

SIGNATURE



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90013 014 ***150.00

1. Entity Name LRL, INC.	P94000012447	
Principal Place of Business	Mailing Address	

2500 S. WASHINGTON AVE 3045 ROYAL OAK DR. TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-3221771

Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANTAU, ROBERT W Street Address (P.O. Box Number is Not Acceptable) 3045 ROYAL OAK DR TITUSVILLE FL 32780 City 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

DATE

Trust Fund Contribution.

\$5.00 May Be 9. Election Campaign Financing П Added to Fees

Not Applicable

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition LANTAU, LOIS M NAME NAME 3045 ROYAL OAK DR STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP CITY-ST-ZIP DT ☐ Delete TITLE Change Addition LANTAU, ROBERT W NAME STREET ADDRESS 3045 ROYAL OAK DR STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CR2E034 (10/02)