2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000025411 **DOCUMENT #**

1. Entity Name



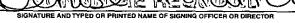
May 05, 2003 8:00 am Secretary of State

05-05-2003 90233 001 ***150.00

LDDIEGT	OOL SERVICE, INC.	•		7	
Principal Place of Business 2015A ELSA STREET NAPLES FL 34109 US		Mailing Address 6741 LIVINGSTON WOODS LANE NAPLES FL 34109 US			I a hhi aha h hari hari hari
	<u>. </u>				
2. Principal Pla	ace of Business	3. Mailing Address		1 1891(881 (18 (2))) 2 118 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 81111 8 1881 11881 1181 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CI	HANGES
City & State		City & State		4. FEI Number 65-0489068	Applied For Not Applicable
Zip	Country	Zip	Country		3.75 Additional e Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Age	'
INITADBY PODIC			Name	المرادات الموادر الواصيقيين المستنفية والمهمية المراد الميلوات	
IRIZARRY, EDDIE 6741 LIVINGSTON WOODS LANE			Street Address	P.O. Box Number is Not Acceptable)	
NAPLES FL			ļ		
•	2 04100		City	FL	Zip Code
	named entity submits this statement for ons of registered agent.	the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida. I am fam	iliar with, and accept
	À ³				
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature require	ed when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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 I		11.	ADDITIONS/CHANGES TO OFFICERS AND DI	IRECTORS IN 11
NAME STREET ADDRESS	P IRIZARRY, EDDIE 6741 LIVINGSTON WOODS LN NAPLES FL	☐ Delete	TITLE NAME STREET ADDRESS		Change Addition
	v		CITY-ST-ZIP		}
	•	Delete	CITY-ST-ZIP TITLE		Change Addition
	POLANCO, DENISE		TITLE NAME		Change Addition
STREET ADDRESS	•		TITLE		Change Addition
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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:



Daytime Phone #