

Amended
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL 16 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

19400004530

1. Entity Name

The LBL Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6038 CR 315 C

Suite, Apt. #, etc.

3. Mailing Address

6038 CR 315 C

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Keystone Heights FL

City & State

Keystone Heights FL

4. FEI Number

59-3245953

Applied For

Not Applicable

Zip

32656

Country

USA

Zip

32656

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lloyd L. Lake

Street Address (P.O. Box Number is Not Acceptable)

6038 CR 315 C

City

Keystone Heights FL

Zip Code

32656

**DO NOT WRITE
IN THIS SPACE**

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]

Lloyd L. Lake

July 10, 2002

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

VT

Lloyd L. Lake

6038 CR 315 C

Keystone Heights, FL 32656

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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*****61.25 *****61.25

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P5

Robyn L. Lake

6038 CR 315 C

Keystone Heights FL 32656

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Registered Agent

Robyn L. Lake

6038 CR 315 C

Keystone Heights FL 32656

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

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CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] Lloyd L. Lake

July 10 2002 (352)473-2960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

js 7/16/02