

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046054

1. Entity Name

L & M ENTERPRISES OF LAKE COUNTY, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90074 021 ***150.00

Principal Place of Business

Mailing Address

21701 FREEMAN DR
ALTOONA FL 32784
US

P.O. BOX 730
ALTOONA FL 32702-0730
US

2. Principal Place of Business

599 UMATILLA BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

UMATILLA, FL

City & State

4. FEI Number

59-3250584

Applied For

Not Applicable

Zip

32784

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLOCOMB, LORRAINE M
21701 FREEMAN DRIVE
UMATILLA FL 32784

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, 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 ☐ Delete
NAME D
STREET ADDRESS SLOCOMB, LORRAINE
CITY-ST-ZIP 21701 FREEMAN DR
UMATILLA FL 32784

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lorraine M. Slocumb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-2000

Date

Daytime Phone #

CR2E034 (9/99)