

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069938

1. Entity Name

L & M ENTERPRISES & SERVICES INC.

Principal Place of Business

299 N RIVERSIDE DRIVE #706
POMPANO BEACH FL 33062

Mailing Address

P.O. BOX 3147
POMPANO BEACH FL 33072
US

2. Principal Place of Business

3826 JOG RD

3. Mailing Address

Suite, Apt. #, etc.

City & State

GREENACRES FLORIDA

City & State

GREENACRES FLORIDA

Zip

33467

Country

U.S.A.

Zip

33467

Country

U.S.A.

4. FEI Number

58-2145172

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUR, STANLEY

299 N RIVERSIDE DRIVE #706
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

~~STANLEY FUR~~ STANLEY FUR

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

3826 JOG RD

City

GREENACRES

FL

Zip Code

33467

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P ☐ Delete
NAME THOM, MARGARET R
STREET ADDRESS 299 N. RIVERSIDE DR., # 706
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 200003441502--4
STREET ADDRESS -10/27/00--01007--018
CITY-ST-ZIP *****550.00 *****550.00

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

M. A. Thom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

00 OCT 16 PM 2:15

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS