2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #



P94000093927 1. Entity Name LGL ENTERPRISES, INC.

21301 POWERLINE RD SUITE 312 **BOCA RATON FL 33433**

Principal Place of Business

Mailing Address PO BOX 11229 KNOXVILLE TN 37939

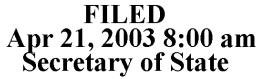
3. Mailing Address

City & State

US	3
2.	Principal Place of Business

City & State

Suite, Apt. #, etc.	Suite, Apt. #, etc.		
		-	



04-21-2003 90494 008 ***150.00



CHECK HERE IF MAKING CHANG	E
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59-3296617

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Zip	Country	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				
Walters, Clifford L 802 11 St West				Name Street Address	(P.O. Box Number is Not Acceptable)		
rampa FL 34	205			City	Ma .vee		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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

4. FEI Number

\$5.00 May Be Added to Fees

Applied For

Not Applicable

Make Check	Payable to Florida Department of State				nastruno e	orianocaori.		10 1 CC3	
10.	OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEVIN, RICHARD 1733 WEST FLETCHER AVE. TAMPA FL 33612	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	ge 🗀 Additio	nc
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEVIN, STEVEN 21301 POWERLINE ROAD STE. 312 BOCA RATON FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	ge 🗋 Additio	nc
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST RICE, SUZANNE L 1733 W FLETCHER AVE TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	e 🗋 Additio	'n
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TITLE		☐ Delete	TITLE				☐ Chang	je 🔲 Additio	nc

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 eport 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

15/03 56/8/3/4/12