2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000002977 Jul 12, 2000 8:00 am Secretary of State 1. Entity Name L & L REALESTATE PROFESSIONALS, INC. 07-12-2000 90008 024 ***150.00 Principal Place of Business Mailing Address 14385 TAMIAMI TRAIL 14385 TAMIAMI TRAIL NORT PORT FL 34287 NORT PORT FL 34287 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0557180 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAILLET, LUCILLE D Street Address (P.O. Box Number is Not Acceptable) 14385 TAMIAMI TRAIL NORT PORT FL 34287 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE Delete TITLE KOZAK, LOIS D NAME NAME STREET ADDRESS 6458 SAFFORD TERRACE STREET ADDRESS CITY-ST-ZIP NORTH PORT FL 34287 CITY-ST-ZIP ☐ Delete TITLE Change Addition MAILLET, LUCILLE D MAILLET, LUCILLE D NAME NAME 7428 CROCK AVE. 4408 MARALDO AVE. STREET ADDRESS STREET ADDRESS NORTH PORT, FL., 34286 CITY-ST-ZIP CITY-ST-ZIP NORTH PORT FL 34287 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

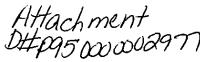
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 attachryent with an address, with all other like empowered.

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SIGNATURE: Livelle Signature

7/5/00

(941) 426-0755





RealEstate Professionals, Inc.

14385 Tamiami Trail, North Port, Florida 34287

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July 5, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

To Whom It May Concern:

We are in receipt of the second notice for the Uniform Business Report. Unfortunately we have not received to first notice. I have checked with our account and she informs me that she has not received the first notice.

As you can check by our previous reports we have never been late in the past. For some reason the first report must have gotten lost in the mail.

Respectfully,

LUCILLE MAILLET

Vice-President