

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90525 024 \*\*\*150.00

**DOCUMENT # P95000002977**

**1. Entity Name**  
**L & L REALESTATE PROFESSIONALS, INC.**



**Principal Place of Business**  
**14385 TAMiami TRAIL**  
**NORT PORT FL 34287**

**Mailing Address**  
**14385 TAMiami TRAIL**  
**NORT PORT FL 34287**

**2. Principal Place of Business**

**7498 CROCK AVE**  
Suite, Apt. #, etc.

**3. Mailing Address**

**3074 Dongola St**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**NORTH PORT, FL**

**City & State**  
**NORTH PORT, FL**

**4. FEI Number** **65-0557180**

**Applied For**  
**Not Applicable**

**Zip**  
**34287**

**Country**  
**SARASOTA**

**Zip**  
**34287**

**Country**  
**SARASOTA**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MAILLET, LUCILLE D**  
**14385 TAMiami TRAIL**  
**NORT PORT FL 34287**

**7. Name and Address of New Registered Agent**

**Name** **Lucille D. Maillet**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**7498 CROCK AVE**  
**City** **NORTH PORT** **FL** **Zip Code** **34287**

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

*Lucille Maillet, Vice-Pres.*  
(NOTE: Registered Agent signature required when reinstating)

*1/24/03*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ Delete  
**NAME** **KOZAK, LOIS D**  
**STREET ADDRESS** **6458 SAFFORD TERRACE**  
**CITY-ST-ZIP** **NORTH PORT FL 34287**

**TITLE** **V** ☐ Delete  
**NAME** **MAILLET, LUCILLE D**  
**STREET ADDRESS** **7428 CROCK AVE**  
**CITY-ST-ZIP** **NORTH PORT FL 34286**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **7498 CROCK AVE**  
**CITY-ST-ZIP**

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

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

**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 report 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.**

**SIGNATURE** *Lucille Maillet*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Vice-Pres.*

*1/24/03* *(941) 426-6435*  
Date Daytime Phone #

CR2E034 (10/02)