

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90168 018 ***150.00

DOCUMENT # P95000017760

1. Entity Name
L & S BUILDING COMPANY, INC.

Principal Place of Business

2285 EAST HWY 100
101
BUNNELL FL 32110
US

Mailing Address

P.O. BOX 159
BUNNELL FL 32110

2. Principal Place of Business

1316 USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

BUNNELL

City & State

Zip

Country

32110

FLAGLER

Country

4. FEI Number

59-3366468

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEES, GEORGE R.
2285 EAST HWY 100
101
BUNNELL FL 32110

7. Name and Address of New Registered Agent

Name PALMETTO CHARTER SERVICES
Street Address (P.O. Box Number is Not Acceptable) 150 MAGNOLIA AVE.
DAYTONA BEACH
City FL Zip Code 32114

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

George R. Lees

4-18-02

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, 2002 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

TITLE PD
NAME SIMOS, GUS
STREET ADDRESS 43 S. MAGNOLIA
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE VD
NAME LEES, LAURA D
STREET ADDRESS P.O. BOX 1959 N/A
CITY-ST-ZIP BUNNELL FL 32110

TITLE SD
NAME SIMONS, MARIE
STREET ADDRESS 43 S. MAGNOLIA
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE TD
NAME LEES, GEORGE
STREET ADDRESS P.O. BOX 1959 N/A
CITY-ST-ZIP BUNNELL FL 32110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

George R. Lees
GEORGE R. LEES

4-18-02 386-437-9180

Date

Daytime Phone #

CR2E034 (9/01)