

Apr 30 01 02:50p

Joseph & Co CPA

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90029 022 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #**

1. Entity Name

P95000028737

L & RAP, INC.

Principal Place of Business

Mailing Address

3786 E Gulf to Lake Hwy
Inverness, FL3786 W Gulf to Lake Hwy
Inverness, FL 34453**659379**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FE Number

Applied For

59-3310137

Not Applicable

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

Leonard L. Bush, Jr.
17 Vinca St
Homosassa, FL 34446

Name

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

City

FL

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 authorized agent and title (check one)

(NOTE: Registered Agent must be a resident of the state)

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, 2001 Fee will be \$350.00
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11**TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPPres
Leonard L. Bush, Jr.
17 Vinca Street
Homosassa, FL 34446☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPVice Pres
Rebecca E. Bush
17 Vinca Street
Homosassa, FL 34446☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
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STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption created in Section 118.07(3)(i), Florida Statutes. I further certify that the information disclosed 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. 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 authorized.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)

4/31/07

CR2E034 (11/00)