

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91164 012 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000049463



1. Entity Name
L ENTERPRISES OF NAPLES, INC.

Principal Place of Business
**6021 PAINTED LEAF LANE
NAPLES, FL 34116-2002**

Mailing Address
**3400 FROSTY WAY # 1
NAPLES, FL 34112 US**

2. Principal Place of Business
582 NINTH ST. S.
Suite, Apt. #, etc.

3. Mailing Address
582 NINTH ST. S.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number
65-0592907

Applied For
☐ Not Applicable

Zip
34102 Country
COLLIER

Zip
34102 Country
COLLIER

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

6. Name and Address of Current Registered Agent

**MACKINNON, LAURIE A
3400 FROSTY WAY #1
NAPLES, FL 34112**

7. Name and Address of New Registered Agent

Name
MACKINNON, LAURIE A

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

582 NINTH ST. S.

City
NAPLES

FL

Zip Code
34102

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

Laurie Mackinnon

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

(NOTE: Registered Agent signature required when resigning)

4-30-03

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FERGUSON, LAURIE M
6021 PAINTED LEAF LN
NAPLES, FL 34116** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/O
MACKINNON, LAURIE A.
582 NINTH ST. S.
NAPLES, FL 34102** ☐ Change ☒ Addition

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurie Mackinnon

4-30-03 239223-4644

DATE

DAYTIME PHONE #

CR2E034 (10/02)