2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P9600001956 THREE "L" ENTERPRISES OF LAKELAND, INC. 05-14-2001 90102 020 ***150.00 Principal Place of Business Mailing Address 2619 LYONAL DR. P. O. BOX 2484 LAKELAND FL 33840 LAKELAND FL 33806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0685907 Not Applicable 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 B. LINDSEY JR - SECRETAL LINDSAY, LYONAL B SR Street Address (P.O. Box Number is Not Acceptable) 5230 SCOTTLAKE ROAD DECEASED LAKELAND FL 33813 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 LYONAL B. LINDSEY, JR. 4-30-01 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change TITLE TITLE Addition TERRY LINDSEY NAME LINDSEY, LYONAL B SR DECEASED QAIL VENETIAN WAY STREET ADDRESS STREET ADDRESS 5230 SOOTT LAKE ROAD CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL LAKELAND FL Delete TITLE ☐ Addition **VP** NAME TERRY LINDSEY STREET ADDRESS STREET ADDRESS 2212 VENETIAN WAY CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL TITI F ☐ Delete TITLE Change Addition ST NAME NAME LYONAL B. LINDSEY, JR. STREET ADDRESS STREET ADDRESS 2522 JONILA AVE. CITY-ST-ZIE CITY-ST-ZIP LAKELAND FL TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

LYONAL B. LINDSEY, JR.

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.