FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2003 8:00 A.M
Secretary of State

DOCUMENT # AMENDED P96000068623

1. Entity Name

L2D2 Direct Inc. 6860 Gulfport Blvd. So. #345
St. Petersburg, Florida 33707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6860 Gulfport Blvd. South		6860 Gulfport Blvd. South	
Suite, Apt. #, etc. #345		Suite, Apt. #, etc. #345	
City & State St. Petersburg, Fl.		City & State St. Petersburg, Fl	
Zip 33707	Country USA	Zip 33707	Country USA

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4. FEI Number 593383780 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Lynda Lafair, President

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

6860 Gulfport Blvd. South #345

City: St. Petersburg FL Zip Code: 33707

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: Lynda Lafair, President 4/28/03
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	Lloyd A. Hill, EX V.P. (DELETE) 6860 Gulfport Blvd. South #345 St. Petersburg, Fl 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LYNDA J. LAFAIR 6860 GULFPORT BLVD. SO #345 ST. PETERSBURG FL. 33707
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lynda Lafair Pres. 6-4-03 (727) 492-2672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/6/23