

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**  
 04-29-2002 90157 004 \*\*\*150.00

**DOCUMENT # P97000011648**

1. Entity Name  
**LLOYDS OF LAKE LAND, INC.**

Principal Place of Business  
**301 NORTH KENTUCKY AVENUE  
 LAKE LAND FL 33801**

Mailing Address  
**301 NORTH KENTUCKY AVENUE  
 LAKE LAND FL 33801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3426065**

Applied For

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

**VINING, C. GEOFFREY ESQ  
 129 S. KENTUCKY AVE.  
 SUITE 702  
 LAKE LAND FL 33801**

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 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LLOYD, GEORGE M JR</b>	
STREET ADDRESS	<b>1423 BRIARWOOD LANE</b>	
CITY-ST-ZIP	<b>LAKE LAND FL 33803</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LLOYD, A. LOUISE</b>	
STREET ADDRESS	<b>1423 BRIARWOOD LANE</b>	
CITY-ST-ZIP	<b>LAKE LAND FL 33803</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEBATS, REBECCA L</b>	
STREET ADDRESS	<b>625 CARLTON STREET</b>	
CITY-ST-ZIP	<b>LAKE LAND FL 33803</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEBATS, STEPHEN M</b>	
STREET ADDRESS	<b>625 CARLTON STREET</b>	
CITY-ST-ZIP	<b>LAKE LAND FL 33803</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 M. Lloyd, Jr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*George M. Lloyd, Jr* 4-15-02

Date

863-682-2789  
 Daytime Phone #

CR2E034 (9/01)