

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90076 037 ***150.00

DOCUMENT # P97000030336(6) ?

1. Entity Name

LSJ ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2635 YOUNGS ROAD 2635 YOUNGS ROAD
 LEESBURG, FLORIDA 34748 LEESBURG, FLORIDA
 2635

2. Principal Place of Business

3. Mailing Address

2635 YOUNGS ROAD

2635 YOUNGS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LEESBURG, FLORIDA

LEESBURG, FLORIDA

City & State

City & State

Zip

Zip

Country

Country

34748

34748

LAKE

LAKE

4. FEI Number

59-3450764

Applied For

Not Applicable

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

JUGLE E. SMITH, III
 2635 YOUNGS ROAD
 LEESBURG, FL 34748

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, 2000 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 PD ☐ Delete
 NAME SMITH, JUGLE E. III
 STREET ADDRESS 2635 YOUNGS ROAD
 CITY-ST-ZIP LEESBURG, FL 34748

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

TITLE VD ☐ Delete
 NAME O'FARRELL, SHARON L
 STREET ADDRESS 2635 YOUNGS ROAD 34748
 CITY-ST-ZIP

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

TITLE STD ☐ Delete
 NAME YOUNGS, L. A.
 STREET ADDRESS 2635 YOUNGS ROAD
 CITY-ST-ZIP LEESBURG, FL 34748

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 a notary seal or all other like empowered.

SIGNATURE:

L. A. Young

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2000 (352) 787-4086

Date

Daytime Phone #

CR2E034 (9/99)