

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90063 033 \*\*\*150.00

**DOCUMENT # P97000040947**



1. Entity Name  
**L & L SITE WORK, INC.**

Principal Place of Business  
**1843 LILIAN DRIVE  
ST. CLOUD FL 34771**

Mailing Address  
**1843 LILIAN DRIVE  
ST. CLOUD FL 34771**



2. Principal Place of Business

**1843 Old Melbourne**

3. Mailing Address

**1843 Old Melbourne Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St cloud, fl**

City & State

**St cloud, fl**

4. FEI Number **59-3443002**

Applied For  
Not Applicable

Zip

**34771**

Country

**USA**

Zip

**34771**

Country

**USA**

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

**LAMB, WALLACE K III  
1843 LILIAN DRIVE  
ST. CLOUD FL 34771**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMB, WALLACE K III</b>	NAME	
STREET ADDRESS	<b>1843 LILIAN DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST. CLOUD FL 34771</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMB, GWEN A</b>	NAME	
STREET ADDRESS	<b>1843 LILIAN DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST CLOUD FL 34771</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-03 407-892-7095**  
Date Daytime Phone #

CR2E034 (10/02)