2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000049781 Jul 19, 2000 8:00 am Secretary of State 1. Entity Name LAWRENCE & MILLETT (L&M) TABLE TENNIS, INC. 07-19-2000 90154 048 \*\*\*550.00 Principal Place of Business Mailing Address SOO LAKEWORTH CIRCLE 600-LAKEWORTH-CIRCLE HEATHROW-FL 32746 HEATHROW-FL-33746 2. Principal Place of Business 3. Mailing Address 100 BRADWICK CIR DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3448994 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -Name and Address of Current Registered Agent Name LAWRENCE, VIKKI Street Address (P.O. Box Number is Not Acceptable) -600 LAKEWORTH CIRCLE **HEATHROW FL 32746** 100 BRADWICK CIR Zip Code DEBARY, FL 327/3 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. equired when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Defete TITLE \_\_ Addition LAWRENCE, VIKKI NAME NAME 100 BRADWICK CIR -600 LAKEWORTH CIRCLE STREET ADDRESS STREET ADDRESS HEATHROW-FL 32746 -CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE MILLETT, ALAN W NAME NAME 100 BRADWICK CIR. 600 LAKEWORTH CIR-STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-7IF <del>HEATHROW FL 3274</del>1 Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete [] Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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