

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91612 025 ***150.00

DOCUMENT # P97000054893

1. Entity Name
L & H FLORIDA BUILDING SERVICES INC.

Principal Place of Business
425 SANDPIPER RIDGE DR
ORLANDO FL 32835

Mailing Address
425 SANDPIPER RIDGE DR
ORLANDO FL 32835

2. Principal Place of Business
13543 Sunset Lakes Cir.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 328
 Suite, Apt. #, etc.

City & State
Winter Garden, FL
Zip **34787**
Country **USA**

City & State
Gotha, FL
Zip **34734**
Country **USA**

4. FEI Number **59-3471510**

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

HANSRAJ, LEONNE
9 GRAND JUNCTION BLVD
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name **Leanne Hansraj**
Street Address (P.O. Box Number is Not Acceptable)
13543 Sunset Lakes Circle
City **Winter Garden** **FL** **Zip Code** **34787**

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HANSRAJ, LEONNE	
STREET ADDRESS	P.O. BOX 328	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02
Date

Daytime Phone #

CR2E034 (9/01)