

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90070 024 ***150.00

DOCUMENT # P97000054958
Entity Name
L & S ENTERPRISES INTERNATIONAL, INC.

Principal Place of Business
POST ST.
JACKSONVILLE FL 32205
Mailing Address
2951 POST ST.
JACKSONVILLE FL 32205-7458



DO NOT WRITE IN THIS SPACE

Principal Place of Business
SAME AS ABOVE
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
SAME AS ABOVE
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 59-3456208
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WHITTEN, LAURA
1024 DAY AVE.
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent
Name AGNES R. HOGAN
Street Address (P.O. Box Number is Not Acceptable)
2951 Post St
City JACKSONVILLE FL Zip Code 32205

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

1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTEN, LAURA L		NAME	AGNES R. HOGAN	
STREET ADDRESS	1024 DAY AVENUE		STREET ADDRESS	2951 Post St.	
CITY-ST-ZIP	JACKSONVILLE FL 32205		CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, AGNES R		NAME	SHANNON H. KICKLIGHTER	
STREET ADDRESS	1024 DAY AVENUE		STREET ADDRESS	1024 DAY AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205		CITY-ST-ZIP	JACKSONVILLE, FL 32205	
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		
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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		

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
4-12-00 904 388 5909
Date Daytime Phone #

CR2E034 (9/99)