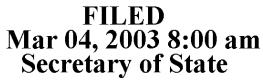
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) **DOCUMENT#** P97000064081



1. Entity Name L & M UNLIMI	ITED, INC.				03-04-2003 90072 041 ***150.00			
Principal Place of Business 4015 ST. JOHNS AVE. JACKSONVILLE FL 32205 US		Mailing Address 1518 TALBOT AVE. JACKSONVILLE FL 32205 US						
2. Principal Place of Business		3. Mailing Address			K TANANDAN ILIA MANK KARKI BORIN BORIN BORIN BORIN BIRIN BORIN BORIN 1919 1919 1919 1919 1919 1919 1919			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		- ··	4. FEI Number 59-3459065	Applied For Not Applicable		
Zip	Country	Zip	Zip Country		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				
PACETTI, W SCOTT 4015 ST JOHNS AVE				Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32205					,			
	·		ļ-	City	FL	Zip Code		
SIGNATURE	egistered ageni.		nging its registered	office or registere	ed agent, or both, in the State of Florida. I am			
Signature	, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered A	gent signature required w	when reinstating) DATE			
	DW!!! FEE IS \$150.00 , 2003 Fee will be \$550.0	00			9. Election Campaign Financing	\$5.00 May Be		

Make Check	R Payable to Florida Department of State			Trust Fund Contribution.	☐ Added	d to Fees
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THIESEN, LEONARD J 1518 TALBOT AVE JACKSONVILLE FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THIESEN, MARIANNE H 1518 TALBOT AVE. JACKSONVILLE FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· •	☐ Change	☐ Addition
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

NAMÉ

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Change

☐ Addition