

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90071 029 ***150.00

DOCUMENT # P97000090435

1. Entity Name

L&G PROCESSORS, INC.

Principal Place of Business

Mailing Address

**1659 PASSAIC AVENUE
 FORT MYERS FL 33901**

**1659 PASSAIC AVENUE
 FORT MYERS FL 33901**

2. Principal Place of Business

4977 STEWARD DRIVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. B 50370

Suite, Apt. #, etc.

City & State

FORT MYERS, FLORIDA

Zip

33905

Country

City & State

FORT MYERS, FLORIDA

Zip

33994

Country

4. FEI Number

65-0795647

Applied For

Not Applicable

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

HORNE, GLORIA

**1659 PASSAIC AVENUE
 FORT MYERS FL 33901**

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

4977 STEWARD DRIVE

City

FORT MYERS

FL

Zip Code

33905

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

Gloria Horne, owner
GLORIA HORNE

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **HORNE, GLORIA**
 CITY-ST-ZIP **1659 PASSAIC AVENUE
 FORT MYERS FL 33901**

TITLE ☐ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS **SAME**
 CITY-ST-ZIP **4977 STEWARD DRIVE
 FORT MYERS, FL 33905**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Gloria Horne
GLORIA HORNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/01 941-277-0336

CR2E034 (10/00)