2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

Principal Place of Business

2. Principal Place of Business

8473 BAY COLONY DR.

Suite, Apt. #, etc.

City & State

Zip

NAPLES FL 34108

P97000104398

Mailing Address

NAPLES FL 34108

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

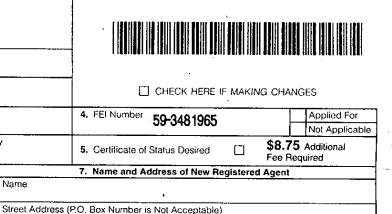
8473 BAY COLONY DR.

L & L MANAGEMENT AND CONSULTANTS, INC.

Country



Mar 17, 2003 8:00 am \$ FILED Secretary of State 03-17-2003 90147 023 ***150.00



LORENTZ, JOSEPH J 8473 BAY COLONY DR. NAPLES FL 34108

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. I am familiar with, and accept the obligations of registered agent.

Country

Name

City

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE ☐ Delete TITLE ☐ Change Addition LORENTZ, JOSEPH NAME NAME 8473 BAY COLONY DR. STREET ADDRESS STREET ADDRESS NAPLES FL 34108 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition LORENTZ, CATHERINE V NAME NAME 8473 BAY COLONY DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP Delete TITLE Change ☐ Addition CLARK, SANDRA NAME STREET ADDRESS 19 SAVAGE RD., APT. D1 STREET ADDRESS CITY-ST-ZIP **DENVILLE NJ 07834** CITY-ST-ZIP Delete TITLE ☐ Addition RUSSO, SUSAN Russo, Susan NAME 240 MAIN ST., UNIT B-101 STREET ADDRESS STREET ADDRESS 19 Winding Ridge CITY-ST-ZIP LITTLE FALLS NJ 07306 CITY-ST-ZIP Darland, nJ 07436 TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: