

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001521

1. Entity Name

LLS1, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90117 018 ***150.00

Principal Place of Business

2535 SUCCESS DR.
ODESSA FL 33556

Mailing Address

2535 SUCCESS DR.
ODESSA FL 33556-3401

2. Principal Place of Business

4906 Creekside Dr.

Suite, Apt. #, etc.

A

City & State

Clearwater, FL

Zip

33760

Country

USA

3. Mailing Address

4906 Creekside Dr.

Suite, Apt. #, etc.

A

City & State

Clearwater, FL

Zip

33760

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3496999

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHERER, J. CHRIS
2535 SUCCESS DR.
ODESSA FL 33556

7. Name and Address of New Registered Agent

Name Scherer, John C.

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

4906-A Creekside Drive

City

Clearwater

FL

Zip Code

33760

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

2/9/00

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**

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHERER, J. CHRIS	
STREET ADDRESS	2535 SUCCESS DR.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SCHERER, LISA L	
STREET ADDRESS	2535 SUCCESS DR.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BAKER, RICHARD W	
STREET ADDRESS	2535 SUCCESS DR.	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scherer, John C.	
STREET ADDRESS	4906-A Creekside Drive	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scherer, Lisa L	
STREET ADDRESS	4906-A Creekside Drive	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scherer, John C.	
STREET ADDRESS	4906-A Creekside Drive	
CITY-ST-ZIP	Clearwater, FL 33760	
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		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/00

CR2E034 (9/99)