2000	UNIFORM BUSI	NESS REPOR	RT (UBI	R)			:	
DOCUMENT # P98000011357 1. Entity Name					FILED Jan 19, 2000 8:00 am			
L.S. INVE	ESTMENTS, INC.			İ	Secretar	•		
Principal Place of Business Mailing Address			<u> </u>		01-19-2000 902	298 041 ***150.0)0	
17010 ST. LUCIA ISLE TAMPA FL 99647		1 7816-37: LUCIA 13LE- T AMPA-FL 33543-6757-						
					: 1819/88/10/01/8/8/10/18/9/8/9//			
2. Principal Place of Business 12/0/7/. 56 TH . 54. Suite, Apt. #, etc.		3. Mailing Address 1536 Deer bourne & Suite, Apt. #, etc.		DR	DO NOT WRITE IN THIS SPACE			
City & State PA FL City & State CI			ra se O	FL 4.	FEI Number 59-3493063		olled For Applicable	
33617 Country SA		Zip 33543 Country 15A			6. Certificate of Status Desired			
	6. Name and Address of Current Ro	egistered Agent	Name	7. 1	Name and Address of New Regi	stered Agent		
MCDERMOTT, MICHAEL J 791 WEST LUMSDEN ROAD			Street A	Street Address (P.O. Box Number is Not Acceptable)				
BRAI	NDON FL 33511					□ Zip Code		
			City			FL		
8. The above	named entity submits this statement for t	he purpose of changing its re	egistered office o	r registered ag	gent, or both, in the State of Florida	1 .		
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signat	ture required when re	einstating)	DATE		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		550.00	10. Election Campaign Financ Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AND D		12.	AC	ODITIONS/CHANGES TO OFFICE	RS AND DIRECTORS Change		
NAME STREET ADDRESS CITY-ST-ZIP	D PIOLI, DOMINIC L 17818 S. LUCIA ISLE - JAMPA FL 33647-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1536 11008	Deenbourne PR Ley Chapel,	ED 3350	Ress on The	
TITLE NAME STREET ADDRESS	D PIOLI, SUZANNE F 17816 ST. LUCIA ISLE	☐ Delete	TITLE NAME STREET ADDRESS	1536 D	Peerbourne D Ley Chapol, F	R laddres	Addition & Constant	
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP	West	Ley-Chapol, F.	L 3354	3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	r	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated	certify that the information supplied with the information supplied with the information supplied with the information or the receiver or trustee empower, or on an attachment with an address, with the information of the in	rue and accurate and that my rered to execute this report a	s equired by Cha	ated in Section nave the same apter 607, Flor	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath ida Statutes; and that my name at Date	ther certify that the in that I am an officer opears in Block 11 or Baytime Prone	formation or director Block 12 if	