

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90426 032 ***158.75

DOCUMENT # **P98000020735**

1. Entity Name

LNS ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

312 E. VENICE AVE.

3. Mailing Address

495 TERRAPIN RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE, FL

City & State

VENICE, FL

Zip

34292

Country

USA

Zip

34293

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0826024

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

T&H COMPTROLLERS, INC.

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

312 E. VENICE AVE.

SUITE 120

City

VENICE

FL

Zip Code

34292

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$250.00
Amended UBR is \$61.25
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	DIRECTOR / PRESIDENT
NAME	SARAH D. DORSCHUG
STREET ADDRESS	495 TERRAPIN RD.
CITY- ST- ZIP	VENICE, FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 this 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Sarah D. Dorschug** **Sarah D. Dorschug** **4-30-02** **941-496-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #