

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033269

1. Entity Name

L & R PUBLICATIONS, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90239 030 \*\*\*150.00

Principal Place of Business

Mailing Address

661 BEVILLE RD. #116  
S. DAYTONA FL 32119

P.O. BOX 290966  
PORT ORANGE FL 32129-0966



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

661 Beville Rd.

Suite, Apt. #, etc.

Suite #203-205

City & State

City & State

South Daytona, FL

4. FEI Number

59-3508676

Applied For

Not Applicable

Zip

Country

Zip

Country

32119

USA

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

KOLODZIK, RONALD W  
4601 S. ATLANTIC AVE.  
#504  
PONCE INLET FL 32127

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS KOLDZIK, RONALD W  
CITY-ST-ZIP 4601 S. ATLANTIC AVE., #504  
PONCE INLET FL 32127

TITLE ☐ Change ☒ Addition  
NAME Vice President  
STREET ADDRESS Matthew W. Kolodzik  
CITY-ST-ZIP 4665 Golden Apples Trail  
Port Orange, FL 32119

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS KOLODZIK, LINDA J  
CITY-ST-ZIP 4601 S. ATLANTIC AVE., #504  
PONCE INLET FL 32127

TITLE ☐ Change ☒ Addition  
NAME Vice President  
STREET ADDRESS Lori J. Hampton  
CITY-ST-ZIP 1623 Woodacres Ct.  
Port Orange, FL 32124

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Vice President  
STREET ADDRESS Julie B. Kolodzik  
CITY-ST-ZIP 4601 S. Atlantic Ave. #504  
Ponce Inlet, FL 32127

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Ronald W. Kolodzik* Ronald W. Kolodzik 4/27/00 904-322-5335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)