

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2000 90239 030 ***150.00

DOCUMENT # P98000033269

1. Entity Name
L & R PUBLICATIONS, INC.

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| Principal Place of Business 661 BEVILLE RD. #116 S. DAYTONA FL 32119 | Mailing Address P.O. BOX 290966 PORT ORANGE FL 32129-0966 |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 661 Beville Rd. Suite, Apt. #, etc. Suite #203-205 | 3. Mailing Address Suite, Apt. #, etc. |
| City & State South Daytona, Fl. | City & State |
| Zip 32119 | Country USA |

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| 4. FEI Number 59-3508676 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent KOLODZIK, RONALD W 4601 S. ATLANTIC AVE. #504 PONCE INLET FL 32127 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KOLODZIK, RONALD W 4601 S. ATLANTIC AVE., #504 PONCE INLET FL 32127 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Matthew W. Kolodzik 4665 Golden Apples Trail Port Orange, Fl. 32119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST KOLODZIK, LINDA J 4601 S. ATLANTIC AVE., #504 PONCE INLET FL 32127 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Lori J. Hampton 1623 Woodacres Ct. Port Orange, Fl. 32124 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Julie B. Kolodzik 4601 S. Atlantic Ave. #504 Ponce Inlet, Fl. 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 **4/27/00** **904-322-5335**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)