

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90961 048 ***150.00

DOCUMENT # P98000033269

1. Entity Name
L & R PUBLICATIONS, INC.



Principal Place of Business
**661 BEVILLE RD.
SUITE 203-205
S. DAYTONA FL 32119**

Mailing Address
**P.O. BOX 290966
PORT ORANGE FL 32129-0966**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3508676

Applied For
Not Applicable

Zip

Country

Zip

Country

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 **RONALD W. KOLODZIK**
Street Address (P.O. Box Number is Not Acceptable)
170 DESKIN DRIVE
City **S. DAYTONA** FL **32119**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ronald W. Kolodzik **RONALD W. KOLODZIK, PRES.**

2/5/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **KOLODLIK, RONALD W**
STREET ADDRESS **170 DESKIN DRIVE**
CITY-ST-ZIP **S. DAYTONA FL 32119**

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

TITLE **ST** ☐ Delete
NAME **KOLODZIK, LINDA J**
STREET ADDRESS **170 DESKIN DRIVE**
CITY-ST-ZIP **S. DAYTONA FL 32119**

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

TITLE **VP** ☐ Delete
NAME **KOLODZIK, MATTHEW W**
STREET ADDRESS **4665 GOLDEN APPLES TRAIL**
CITY-ST-ZIP **PORT ORANGE FL 32119**

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

TITLE **VP** ☐ Delete
NAME **HAMPTON, LORI J**
STREET ADDRESS **1623 WOODACRES CT.**
CITY-ST-ZIP **PORT ORANGE FL 32128**

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

TITLE **VP** ☒ Delete
NAME **COX, JULIE B**
STREET ADDRESS **132 WOODLAKE DR. APT 235**
CITY-ST-ZIP **ATHENS GA 30606**
CHANGE ADDRESS TO →

TITLE **VP** ☒ Change ☐ Addition
NAME **COX, JULIE B.**
STREET ADDRESS **101 LAGOONVIEW CROSSING**
CITY-ST-ZIP **SAVANNAH, GEORGIA 31410**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald W. Kolodzik **RONALD W. KOLODZIK, PRES.**

2/5/03 (384) 322-5335
Date Daytime Phone #

CR2E034 (10/02)