2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 20, 2003 8:00 am Secretary of State P98000045276 **DOCUMENT #** 05-20-2003 90068 004 ***150.00 1. Entity Name LLOYD CONSULTING, INC. Principal Place of Business Mailing Address 87 MENTOR DRIVE **87 MENTOR DRIVE** NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0838171 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LLOYD, CARLTON J Street Address (P.O. Box Number is Not Acceptable) **87 MENTOR DRIVE** NAPLES FL 34110 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete Addition LLOYD, CARLTON J NAME NAME **87 MENTOR DRIVE** STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIE CITY-ST-ZIP Delete Addition TITLE TITLE Change LLOYD, USA A NAME NAME **87 MENTOR DRIVE** STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 12. Thereby 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 trustge 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 appears in block 10 or Block 11 if

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

allackment

90136847 # P9800045276 Naples, FL 34110

Lloyd Consulting

87 Mentor Drive

May 15, 2003

Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed is the \$150.00 filing fee for the 2003 for Profit Corporation Uniform Business Report for Lloyd Consulting. I understand the filing due date was May 1, but I would like to request the late fee be waived. Lloyd Consulting is owned and operated by my husband Carlton & myself. I usually take care of the bookkeeping for the corporation. Due to my pregnancy & recovery after delivery, I had some assistance with my duties. It came to my attention today that the UBR was not filed. In past years we have filed on a timely basis. Thank you for your time & understanding in this matter.

Respectfully,

Loga a Roya Lisa A Lloyd

Vice President