

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048672

1. Entity Name

LLOYDS GLOBAL ENTERPRISES, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90286 003 \*\*\*150.00

Principal Place of Business

Mailing Address:

3661 TURTLEBUN BLVD. SUITE 1226  
CORAL SPRINGS FL 33065

3661 TURTLEBUN BLVD. SUITE 1226  
CORAL SPRINGS FL 33067-4244

1113 NW 97 Dr.  
Coral Springs, FL 33071

2. Principal Place of Business

3. Mailing Address

1113 NW 97 Dr.

1113 NW 97 Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs, FL

Coral Sprgs, FL

Zip

Zip

Country

Country

33071

33071

Broward

Broward

4. FEI Number

65-0838066

Applied For

Not Applicable

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

FINANCIAL FOUNDATIONS, INC.  
2843 THAXTON DR #37  
PALM HARBOR FL 34684

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 use 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)

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**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LLOYD, ROBERT  
3661 TURTLEBUN BLVD, SUITE 1226  
CORAL SPRINGS FL 33065

☐ Delete

TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/99)