## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

**DOCUMENT #** 

P98000065475

1. Entity Name

L & L WORLDWIDE INC



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90118 031 \*\*\*150.00

Principal Place of Business 6310 POMPANO STREET JUPITER FL 33458		Mailing Address 6310 POMPANO JUPITER FL 3345	-		CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business		3. Mailing Addre	SS .	,		
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			
City & State		City & State	City & State		4. FEI Number 65-0850918	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	ame and Address of Ci	irrent Registered Agent	- · · · · · · · · · · · · · · · · · · ·		7. Name and Address of New Registered	Agent
STOCK, LULA 6310 POMPANO ST. PALM BEACH GARDENS FL 33418				Name  Street Address (P.O. Box Number is Not Acceptable)		
the obligations of a	registered agent.	2 Stock			gistered agent, or both, in the State of Florida. I am equired when reinstating)	
Signature, typed or prinfed name of registered agent and title if applicable. (NOTE: Registered  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00					9. Election Campaign Financing	\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition TITLE Delete TITLE LULA Stocke NAME STOCK, LULA NAME STREET ADDRESS 6310 POMDANO SE 6310 POMPANO ST STREET ADDRESS CITY-ST-ZIP JUPITER FL 33418 CiTY-ST-ZIP Change Addition Delete TITLE TITLE NAME STOCK, DORIAN L NAME STREET ADDRESS 6310 POMPANO ST. STREET ADDRESS CITY-ST-ZIP " CITY-ST-ZIP -JUPITER FL 33458 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 chapter in the same decrease with an address with a decrease with a decre changed, or on an attachment with an address,

SIGNATURE: