

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000097149**

1. Entity Name

L & T VENTURES, INC.**FILED****Jan 27, 2001 8:00 am**
Secretary of State

01-27-2001 90075 028 ***150.00

Principal Place of Business

**8074 SE ORCHARD TERR.
HOBE SOUND FL 33455**

Mailing Address

**8074 SE ORCHARD TERR.
HOBE SOUND FL 33455**

UUUUU0112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0897821**

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

**SHAW, GERALD
10780 SOUTH US HWY. 1
PORT ST. LUCIE FL 34952**

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 title 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) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS	TITLE	
NAME	HENDERSON, TERRY B	NAME	
STREET ADDRESS	8074 SE ORCHARD TERR	STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	CITY-ST-ZIP	
TITLE	VPT	TITLE	
NAME	HENDERSON, LINDA H	NAME	
STREET ADDRESS	8074 SE ORCHARD TERR	STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Terry B. Henderson (TERRY B. HENDERSON) 1/16/01 561-545-3209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)