

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097864

1. Entity Name
L&D LIMITED, INC.

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90012 004 ***150.00

Principal Place of Business Mailing Address
9 KING STREET UNIT C 9 KING STREET UNIT C
ST. AUGUSTINE FL 32085 ST. AUGUSTINE FL 32085

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3545011

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

YOUNG, DINK S
7 CASTANIA CT
SAINT AUGUSTINE FL 32086

Name

Street Address (P.O. Box Number is Not Acceptable)

10 Rohde DR.

City

St. Augustine

FL

Zip Code

32084

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

TITLE PS ☐ Delete
NAME JEZEK, LESA L
STREET ADDRESS 900 DELCIE DR
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1525 Vista Cove Rd.
CITY-ST-ZIP ST. Augustine, FL 32084

TITLE VT ☐ Delete
NAME YOUNG, DINK S
STREET ADDRESS 900 DELCIE DR
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10 Rohde
CITY-ST-ZIP ST. Augustine, FL 32084

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Dink S. Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dink S. Young

4/25/01
Date

904-827-9394
Daytime Phone #

CR2E034 (10/00)