

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90141 014 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT #</b> P98000105707	
<b>1. Entity Name</b> L, N & N CORP. OF 11482 OKEECHOBEE BOULEVARD	

<b>Principal Place of Business</b> 2600 N FLAGLER DRIVE, SUITE 1012 WEST PALM BEACH FL 33407	<b>Mailing Address</b> 2600 N FLAGLER DRIVE, SUITE 1012 WEST PALM BEACH FL 33407
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>4. FEI Number</b> 65-0312251	Applied For
	Not Applicable

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
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<b>7. Name and Address of New Registered Agent</b>
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<b>LOGSDON, JOHN M</b> <b>2600 N FLAGLER DRIVE, SUITE 1012</b> <b>WEST PALM BEACH FL 33407</b>
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<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b> <b>FL</b> <b>Zip Code</b>

**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.

<b>SIGNATURE</b>	(NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>
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<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
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<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>LOGSDON, JOHN M</b>
<b>STREET ADDRESS</b>	<b>200 MOCKINGBIRD TRAIL</b>
<b>CITY-ST-ZIP</b>	<b>PALM BEACH FL 33480</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>NICOLINI, PATRICK F</b>
<b>STREET ADDRESS</b>	<b>P O BOX 1801 N/A</b>
<b>CITY-ST-ZIP</b>	<b>DADE CITY FL 33526</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>NICOLINI, DONALD N</b>
<b>STREET ADDRESS</b>	<b>2731 NE 36ST</b>
<b>CITY-ST-ZIP</b>	<b>LIGHTHOUSE POINTE FL 33064</b>
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>1167 HILLSBORO MILE #305</b>
<b>CITY-ST-ZIP</b>	<b>HILLSBORO BEACH, FL, 33062</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12.** 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> <i>Patrick Nicolini</i>	<b>DATE</b> 2/6/03	<b>DAYTIME PHONE #</b> 813-390-2969
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		

CR2E034 (10/02)