2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000039429

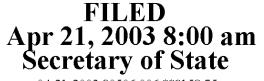
1. Entity Name

LSL OF LARGO II, INC.



Principal Place of Business

Mailing Address



04-21-2003 90506 006 ***158.75

2150 GOODLE NAPLES FL 34	TTE RD., STE. 600 H02	2150 GOODLETTE RD., STE, 600 NAPLES FL 34102								
	Place of Business + ORSESHOEDR.SO. #, etc.	3. Mailing Address 3073 HORSES HOE DR. So. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
100		100								
City & Stat	s, FL	City & State NAPLES FL			5U-35/4686			<u> </u>	pplied For ot Applicable	1
3410	Country US#	34104 '	Country USA		5. Certificate of Status Desired		№ Fe	r ee rrequired		
	6. Name and Address of Current R	legistered Agent	Nam	_	7. Name a	nd Address of New R	egistered Ag	ent		1
CT CORPORATION SYSTEM				Name						
	NE ISLAND RD.	Street Address ((P.O. Box Number is Not Acceptable)					
	ON FL 33324									1
			City				FL	Zip Code	ė	1
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office	e or register	ed agent, or	both, in the State of Flo	rida. I am fan	niliar with,	and accept	}
SIGNATURE .	Signature, typed or printed name of registered agent an	ANOTE				•	DATE			
		nd title if applicable. (NOTE	: Registered Agent sig	gnature required	when reinstating,		DATE			┨
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of:	State			9.	Election Campaign Fin Trust Fund Contribution	~ —		0 May Be I to Fees	
	······	<u></u>	11.		ADDITION	NS/CHANGES TO OFF	ICEDS AND D	PECTOR	2 INI 11	┦
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	WAGNER, GEORGE JR	C Delete	NAME	_			/			3
	2150 GOODLETTER RD STE 600 NAPLES FL 34102		STREET ADDRES			SESHOE DR., S FL 34104	50. StE	.100		700
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	PARRISH, AIAN D		NAME			SESHOE DR.,)`
	2150 GOODLETTER ROAD STE 60 NAPLES FL 34102	0	STREET ADDRES	55 50 NAF	LES, F	2 34104	30, 3, 2, 6	, 00		
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP							
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NAME			NAME				_	•		
STREET ADDRESS			STREET ADDRES	SS						
CITY-ST-ZIP	and the district of the second	11-10	CITY-ST-ZIP			(OV) FIRST OF (1)	6	·		ł
indicated	certify that the information supplied with	In thing does not quality for the and accurate and that me	uie exemption !	stated in Set II have the s	ction 119.0/(same legal ef	ان)(نا), Horida Statutes. ا fect as if made under c	iuriner certify	unatine in	normation or director	ĺ

of the corporation or the recei changed, or on an attachm report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

239-262-8006