

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048496

1. Entity Name

L & D ENTERPRISES OF SARASOTA, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90094 047 ***150.00

Principal Place of Business

Mailing Address

7543 N. LEEWYN DR.
SARASOTA FL 34240

7543 N. LEEWYN DR.
SARASOTA FL 34240-8793

2. Principal Place of Business

807 Trotter Ave
Suite, Apt. #, etc.

3. Mailing Address

807 Trotter Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Sarasota FL
Zip
34237
Country
USA

City & State
Sarasota FL
Zip
34237
Country
USA

4. FEJ Number

65-0923984

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

TROYER, PAMELA
7543 N. LEEWYN DR.
SARASOTA FL 34240

Name
Deborah Hostetler

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

807 Trotter Ave

City
Sarasota FL Zip Code
34237

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 DEBORAH HOSTETLER

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/00

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D HOSTETLER, LESTER 807 TROTTER AVE SARASOTA FL 34237	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOSTETLER, DEBORAH 807 TROTTER AVE SARASOTA FL 34237	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DEBORAH HOSTETLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/00 (941) 265-2133