

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90038 049 ***150.00

DOCUMENT # P99000070583

1. Entity Name
LDS SALES AND SERVICE, INC.

Principal Place of Business 325 ALLWORTHY ST PORT CHARLOTTE FL 33954	Mailing Address 325 ALLWORTHY ST PORT CHARLOTTE FL 33954-3525
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 325 Allworthy St	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Port Charlotte	City & State
Zip 33954	Country Charlotte

4. FEI Number 65-0940095	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCISCI, LARAINÉ
 325 ALLWORTHY ST
 PORT CHARLOTTE FL 33954**

7. Name and Address of New Registered Agent

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 _____ (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, 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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Handwritten in Block 12: T/D SCISCI, LARAINÉ, 325 ALLWORTHY ST, PORT CHARLOTTE, FL 33954

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: Laraine Scisci PRESIDENT 3/13/00 941-766-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #