

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000081236**

1. Entity Name

L & L PRICE LIMITED, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90062 026 ***150.00

Principal Place of Business 4523 S.E. 30TH ST. OKEECHOBEE FL 34974	Mailing Address 4523 S.E. 30TH ST. OKEECHOBEE FL 34974-6667
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0946184Applied For
Not Applicable5. 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****PRICE, LONNIE T
4523 S.E. 30TH ST.
OKEECHOBEE FL 34974**

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PT	<input type="checkbox"/> Delete
NAME	PRICE, LONNIE T	
STREET ADDRESS	4523 S.E. 30TH ST.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	

TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, LYNNE E	
STREET ADDRESS	4523 S.E. 30TH ST.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:**SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #