2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address 6238 THOUSAND OAKS DR.

LAKELAND FL 33813

P99000083363 DOCUMENT

Principal Place of Business

6238 THOUSAND OAKS DR. LAKELAND FL 33813

L & M SERVICES INTERNATIONAL, INC.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90143 007 ***150.00



2. Principal Place of Business	3. Mailing Address				
z. r micipal riace of business	V. Maning Address				
Suite, Apt. #, etc.	Suite, 6756 Lakeland l	Highlands Rd	CHECK HERE IF MAK	(ING CHANGES	
City & State	City & State	FL.	4. FEI Number 59-3645850	Applied For Not Applicable	
Zip Country 338-1-3	Zip -3-3813	Country	5. Certificate of Status Desired	\$8.75 Additional	
6. Name and Address of Current Re	egistered Agent	N	7. Name and Address of New Register	red Agent	
VEGA, MANUEL J 6238 THOUSAND OAKS DR. LAKELAND FL 33813			Name Street Address (P.O. Box Number is Not Acceptable)		
EARLEAND 12 00010		City		FL Zip Code	
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the statement for the obligations of the obl		registered office or reg	quired when reinstating) D/	ATE	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of \$	i		9. Election Campaign Financing Trust Fund Contribution.	☐ Added to Fees	
10. OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS		
TITLE D VEGA, MANUEL J STREET ADDRESS 6238 THOUSAND OAKS DR. LAKELAND FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6756 Lakeland Highlands Rd, Lakeland, FL 33	Mac Change Addition Addition Addition	
TITLE D VEGA, LENNORE J 6238 THOUSAND OAKS DR. LAKELAND FL 33813	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6756 Lakeland Highlands Rd, Lakeland, FL 33	X Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCC Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
12. Thereby certify that the information supplied with the indicated on this report or supplemental report is the corporation or the receiver or trustee empore changed or on an attachmoust with an address with the corporation of the corporat	rue and accurate and that no rered to execute this report.	nv signature shall have	the same legal effect as if made under oath; th	at I am an officer or director	

863 838-8896