

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90447 042 \*\*\*150.00

DOCUMENT # P00000113538  
1. Entity Name L.A.A. Enterprises, INC ✓  
104 Hibriten Way  
Lakeland-Florida 33803

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 104 Hibriten Way  
Suite, Apt. #, etc.  
3. Mailing Address 104 Hibriten Way  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Lakeland Florida City & State Lakeland Florida 4. FEI Number 59-3688036 Applied For  Not Applicable   
Zip 33803 Country 1 Zip 33803 Country            5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name CONNETT Stephen G  
Street Address (P.O. Box Number is Not Acceptable)  
213 N Parsons Ave  
City Brandon FL Zip Code 33510

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D Ford Ledford Glen Sussan</u> <u>104 Hibriten Way</u> <u>Lakeland FL 33803</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Date 4-29-02 Daytime Phone # 863-616-9545