



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

FILED
Jun 30, 2003 8:00 A.M
Secretary of State

DOCUMENT # AMENDED *P96000068637*
1. Entity Name
L2D2 Direct Inc. 6860 Gulfport Blvd. So. #345
St. Petersburg, Florida 33707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6860 Gulfport Blvd. South Suite, Apt. #, etc. #345 City & State St. Petersburg, Fl. Zip 33707 Country USA		3. Mailing Address 6860 Gulfport Blvd. South Suite, Apt. #, etc. #345 City & State St. Petersburg, Fl. Zip 33707 Country USA	
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4. FEI Number **593383780** Applied For
Not Applicable

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 **Lynda Lafair, President**

Street Address (P.O. Box Number is Not Acceptable)
6860 Gulfport Blvd. South #345

City **St. Petersburg** FL Zip Code **33707**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **Lynda Lafair, President** DATE: **4/28/03**

Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when registering)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		500020681415 06/09/03-01055-007 ***70	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Lloyd A. Hill, EX V.P. (DELETE) 6860 Gulfport Blvd. South #345 St. Petersburg, Fl 33707	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT LYNDA J. LAFAIR 6860 GULFPORT BLVD. SO. #345 ST. PETERSBURG FL 33707	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 Part 10 of an attachment with an address, in all other file empowered.

SIGNATURE: *Lynda Lafair Pres. 6-4-03 (727) 492-2670* DATE: **6-4-03**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED315 (12/02)

7/6/23