## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with

## FILED Apr 30, 2001 8:00 am Secretary of State DOGUMENT # P98000070831 JUST LIKE ME 3D STORES, INC. 04-30-2001 90389 048 \*\*\*150.00 Principal Place of Business Mailing Address 5331 W. LAKE BUTLER RD. 5331 W. LAKE BUTLER RD. WINDERMERE FL 34786 WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3542603 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADFORD, LORI W Street Address (P.O. Box Number is Not Acceptable) 5331 W. LAKE BUTLER RD. WINDERMERE FL 34786 City 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, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent's gnature required when reinstating) FILE NOW!!! FEE 13 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE CR2E034 (10/00) Change BRADFORD, EMMETT D NAME NAME STREET ADDRESS 5331 W. LAKE BUTLER RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 TITLE Delete TITLE Change □ Addition BRADFORD, LORI W NAME STREET ADDRESS 5331 W. LAKE BUTLER RD. STREET ADDRESS CITY-ST-ZIP WINDERMERE FL 34786 CITY · ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRADFORD, LORI W NAME NAME STREET ADDRESS 5331 W. LAKE BUTLER RD. STREET ADDRESS CITY-ST-ZiP WINDERMERE FL 34786 CITY-ST-7IP TITLE ☐ Deleta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BJTIT ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CifY-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 supplied that report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of 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