


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

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90124 010 ***150.00

DOCUMENT # P98000070831
1. Entity Name Just Like Me 3D Stores, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5331 W. Lk. Butler RD
Suite, Apt. #, etc.

3. Mailing Address P. O. Box 1962
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Windermere, FL
City & State Windermere FL

Zip 34786 Country USA
Zip 34786 Country USA

4. FEI Number 59-3542603 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 Lori W. Bradford
Street Address (P.O. Box Number is Not Acceptable) 5331 W. Lk. Butler RD
City Windermere FL Zip Code 34786

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 Lori W. Bradford DATE 6.4.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<u>PRESIDENT</u>		<u>Emmett Bradford</u>	<u>5331 W. Lk. Butler RD</u>	<u>Windermere, FL 34786</u>
	<u>Vice President, Sec/Treas</u>		<u>Lori W. Bradford</u>	<u>5331 W. Lk. Butler RD</u>	<u>Windermere, FL 34786</u>

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with an other like empowered.

SIGNATURE: Emmett Bradford VP DATE 6.4.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-654-6145
Daytime Phone #

CR2E034B (12/02)