

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90123 041 ***550.00

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DOCUMENT # 347971

1. Entity Name
JULIAN'S, INC.



Principal Place of Business
**88 S ATLANTIC AVE
ORMOND BEACH FL 32176-3697**

Mailing Address
**88 S ATLANTIC AVE
ORMOND BEACH FL 32176-3697**

00111000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **59-1270806**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOPEZ, JULIAN C
88 S ATLANTIC AVE
ORMOND BEACH FL 32176**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE, NAME PD
LOPEZ, JULIAN C
STREET ADDRESS **89 S ATLANTIC AVE**
CITY-ST-ZIP **ORMOND BEACH, FL 00000** ☐ Delete

TITLE, NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE, NAME S
LOPEZ, NANCY D
STREET ADDRESS **89 S ATLANTIC AVE**
CITY-ST-ZIP **ORMOND BEACH, FL 00000** ☐ Delete

TITLE, NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE, NAME VD
LOPEZ, JULIAN C., JR
STREET ADDRESS **PO BOX 1326 N/A**
CITY-ST-ZIP **ORMOND BEACH, FL 0** ☐ Delete

TITLE, NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE, NAME TD
LOPEZ, WENCESLAA
STREET ADDRESS **89 S ATLANTIC AVE**
CITY-ST-ZIP **ORMOND BEACH FL** ☐ Delete

TITLE, NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE, NAME MD
LOPEZ, MARIA
STREET ADDRESS **89 SOUTH ATLANTIC AVENUE**
CITY-ST-ZIP **ORMOND BEACH FL 32176** ☐ Delete

TITLE, NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE, NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE, NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Julian C. Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)