2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2000 8:00 am Secretary of State **DOCUMENT # 720249** 1. Entity Name 04-28-2000 90025 034 ****70.00 GIRLS INCORPORATED OF LAKELAND, INC. Mailing Address Principal Place of Business 1220 W. HIGHLAND ST. 1220 W. HIGHLAND ST. AJU45786 P.O. BOX 1975 P.O. BOX 1975 LAKELAND FL 33802-1975 LAKELAND FL 33802-1975 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 23-7101551 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HARRIS-FIELDS, KAY 1015 WEST 13TH STREET LAKELAND FL 33805 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change Addition PD Delete TITLE TITLE FREEBERN, SUSAN NAME STREET ADDRESS STREET ADDRESS 5853 8 POINT LANE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33811 PD TITLE 💹 Change Addition TITLE ☐ Delete NAME NICHOLAS, ELENA STREET ADDRESS STREET ADDRESS 126 E MAXWELL ST CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 Change Addition ☐ Delete TITLE TD poleno, NAME GALENO, TERRI STREET ADDRESS STREET ADDRESS 1921 DEL CREST PLACE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 TITLE SD Delete TITLE NAME MCCARTY, CYNDI NAME STREET ADDRESS STREET ADDRESS 5840 WINDWOOD DR CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 **Addition** ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TIT! F NAME NAME

12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with at other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E037