2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State **DOCUMENT # 720249** 1. Entity Name GIRLS INCORPORATED OF LAKELAND, INC. 05-13-2002 90118 036 ****70.00 Principal Place of Business Mailing Address 1220 W. HIGHLAND ST. 1220 W. HIGHLAND ST. P.O. BOX 1975 P.O. BOX 1975 LAKELAND FL 33802-1975 LAKELAND FL 33802-1975 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 23-7101551 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 又 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ARRIS-FIELDS, KAY 1915 WEST 13TH STREET LAKELAND FL 33805 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. WHITE IT OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD: cust. in it Delete TITLE Change ☐ Addition NAME Freebern, Susan NAME STREET ADDRESS 5853 8 POINT LANE STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33811 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NICHOLAS, ELENA NAME NAME STREET ADDRESS 126 E MAXWELL ST STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33803 CITY-ST-ZIP TITLE TD Vice Presider Delete TITLE 🗶 Change Addition GOLENO, TERRI NAME STREET ADDRESS 1921 DEL CREST PLACE STREET ADDRESS CITY-ST-ZIP lakeland fl 33803 CITY-ST-ZIP TITLE SD Delete TITLE Change XX Addition NAME **BUSH, JENNIFER** NAME STREET ADDRESS 120 KENWITH ROAD STREET ADDRESS CITY-ST-ZIP Lakeland FL 33803 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition **OLINGERS, TERESA** NAME NAME STREET ADDRESS 4511 CINDY ROAD STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33809 City-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME

12. Thereby 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 attachm

CITY-ST-ZIP

STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-7/P