

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F21473

1. Entity Name
MARYLOU GENERAL STORE INC.

Principal Place of Business Mailing Address
3-5 DEL CLUB AVENUE 3-5 DEL CLUB AVENUE
P.O. BOX 26 P.O. BOX 26
CLEWISTON FL 33440 CLEWISTON FL 33440

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2048216 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SELF, MARIA
3-5 AVENUE DEL CLUB MONTURO RANCH
MONTURA RANCH
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VPST
NAME SELF, MARIA
STREET ADDRESS 3-5 AVE DEL CLUB MONTURA
CITY-ST-ZIP CLEWISTON FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice-President
NAME MARYLOU L. ALVAREZ
STREET ADDRESS P.O. BOX 26 CLEWISTON FL
CITY-ST-ZIP 33440

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CITY-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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED
Jan 10, 2002 8:00 am
Secretary of State
01-10-2002 90001 035 ***155.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)

1/5/02 863-983-7912