

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 29, 2001 8:00 am**
Secretary of State

03-29-2001 90402 027 ***150.00

034608

DOCUMENT # F35577**1. Entity Name**
LARRY'S ECONOMART, INC.**Principal Place of Business**
901 W. BUSCH BOULEVARD
TAMPA FL 33612**Mailing Address**
901 W. BUSCH BOULEVARD
TAMPA FL 33612**00029381**

DO NOT WRITE IN THIS SPACE

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 **59-2089796**Applied For
Not Applicable**5. Certificate of Status Desired** ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****BLOUNT, LARRY L.**
901 W. BUSCH BOULEVARD
TAMPA FL 33612**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 NAME ☐ Delete**VS**
BLOUNT, MARY LOU
2556 LAKE ELLEN CIR
TAMPA FL

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete**PD**
BLOUNT, LARRY L
2556 LAKE ELLEN CIR
TAMPA FL

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete**BLOUNT, JANICE**
2556 LAKE ELLEN CIR
TAMPA FL

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ DeleteTITLE NAME ☐ Delete

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TITLE NAME ☐ Delete

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

33618 - ZIP codeTITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

33618TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

33618TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS 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:** *Mary Lou Blount* - **MARY LOU BLOUNT - 3-27-01 - 932-0800**
(813)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #