2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002491 1. Entity Name George Lussier Enterprises, Inc.			
06-12-2000 90040 030 ***550 Principal Place of Business Mailing Address			
14985 S. Tamiami S Fort Myers, Florid			
Principal Place of Business 3. Mailing Address		<u> </u>	
Fort Meyers, Florida Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number Applied For
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
6. Name and Address of Curr	ent Pegistered Agent		7. Name and Address of New Registered Agent
Margaret M. Lussier C/o George Lussier Enterprises, Inc. 14985 S. Tamiami Trail			
Fort Meyers, Florida 33912 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. Mangaret M. Lussier Signature, typed or print fultiance of registered agent and the if shorticable (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, 2000 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
ITTLE NAME STREET ADDRESS CITY-St-ZIP Dir., Pres. & Telegraphic Street Address Street Address Street Address Street Address Street Address Bedford, NH 05	Treas. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir., Pres. & Treas. R Change Addition George P. Lussier 58 Wender Way Bedford, NH 03110
Dir., V.P. & Se	Dir., V.P. & Sec./Clerk Delete Margaret M. Lussier 58 Wendover Way		Dirc, V.P. & Sec/Clerk K) Change Addition Margaret M. Lussier 58 Wendover Way Bedford, NH 03110
NAME STREET ADDRESS 58 Wendover Way	V.P. Delete Stephen Lussier ORESS 58 Wendover Way		V.P. Change Addition Stephen Lussier 58 Wendover Way Bedford, NH 03110
Ass. Sec./Clerk NAME Eugene M. Van I	Ass. Sec./Clerk Delete Eugene M. Van Loan III 95 Market Street		Ass. Sec./Clerk
TITLE NAME STREET ADDRESS CITY-ST- ZIP	□ Delete Et Address		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 export 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 of truefee 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 a didress, with all other like empowered. SIGNATURE: SIGNATURE: Date Date			