

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90273 038 ***150.00

NI 25900.00

DOCUMENT # H62905

1. Entity Name

L. & G. MERCHANDISE SOUTH, INC.



Principal Place of Business
**1295 NORTH TAMiami TRAIL
NORTH FT. MYERS FL**

Mailing Address
**1295 NORTH TAMiami TRAIL
NORTH FT. MYERS FL**

2. Principal Place of Business

P.O. Box 151717

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 151717

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

4. FEI Number

59-2546584

Applied For

Not Applicable

Zip

33915

Country

LEE

Zip

33915

Country

LEE

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GOLDSTEIN, LOUIS
1295 N. TAMiami TRAIL
NORT FORT MYERS FL 33903**

7. Name and Address of New Registered Agent

Name

LOUIS GOLDSTEIN

Street Address (P.O. Box Number is Not Acceptable)

203 SE 37th LANE

City

CAPE CORAL

FL

Zip Code

33904

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, LOUIS R.	
STREET ADDRESS	203 SE 37TH LANE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, MARCIA	
STREET ADDRESS	203 SE 37TH LANE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, MARCIA	
STREET ADDRESS	203 SE 37TH LANE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other time empowered.

SIGNATURE:

Louis R. Goldstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

Daytime Phone #

239-281-4117

CR2E034 (10/02)