

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90048 006 \*\*\*150.00

**DOCUMENT # H93734**

1. Entity Name  
**LUBI'S, INC.**

Principal Place of Business  
**11633 BEACH BLVD**  
**JACKSONVILLE FL 32246-6604**  
**US**

Mailing Address  
**11633 BEACH BLVD**  
**JACKSONVILLE FL 32246-6604**  
**US**



2. Principal Place of Business  
*11633 Beach Blvd*  
 Suite, Apt. #, etc.

3. Mailing Address  
*11633 Beach Blvd*  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Jax Fl*  
 Zip  
*32246-6604* Country  
*Usual*

City & State  
*Jax Fl*  
 Zip  
*32246-6604* Country  
*Usual*

4. FEI Number **59-2617689**  
 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WALLACE, LULA A.**  
**11633 BEACH BLVD**  
**JACKSONVILLE FL 32246**

**7. Name and Address of New Registered Agent**

Name  
*Lula A Wallace*  
 Street Address (P.O. Box Number is Not Acceptable)  
*11633 Beach Blvd*  
 City  
*Jax* **FL** *32246-6604*

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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS</b> <b>DIRAMIO, NICCOLAS F</b> <b>1526 SEAGATE</b> <b>JACKSONVILLE BEACH FL 32250</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DISHMAN, NINA NANETTE</b> <b>4840 BRIGHTON DR</b> <b>JACKSONVILLE FL 32217</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COB</b> <b>WALLACE, LULA A</b> <del><b>14538 SAN PABLO DR N</b></del> <b>JACKSONVILLE FL 32224</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>O'GORMAN, PATRICK VIII</b> <b>7518 FAWN LAKE DR SW</b> <b>JACKSONVILLE FL 32256</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Lula A. Wallace* *4-4-02* *904-645-3007*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)