

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L04887

1. Entity Name

LUCKY INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90088 019 \*\*\*150.00

Principal Place of Business C/O JANICE EMBREY 3100 GULF BLVD., APT. 233 BELLEAIR BEACH FL 33786 US	Mailing Address C/O JANICE EMBREY 3100 GULF BLVD APT 233 BELLEAIR BEACH FL 33786-3655 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 5220 Brittany Dr. South Suite, Apt. #, etc. 710 City & State St Petersburg, Florida Zip 33715 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3015024	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EMBREY, JANICE 3100 GULF BLVD. APT. 233 BELLEAIR BCH. FL 34634	
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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMBREY, JANICE 3100 GULF BLVD., APT. 233 BELLEAIR BCH. FL 33786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Janice Embrey 4-28-2000 727-895-823  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #