

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90095 026 ***150.00

0156430 FP

DOCUMENT # P00000000074

1. Entity Name

LUCKY DOC, INC.



Principal Place of Business

13915 U.S. 98 BY-PASS
DADE CITY FL 33525

Mailing Address

13915 U.S. 98 BY-PASS
DADE CITY FL 33525

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

59-3621828

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, PENNY

5300 EPPING LANE 2006 Folkstone Place
ZEPHYRHILLS FL 33541 Wesley Chapel, FL 33543

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-27-03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PARKER, PENNY
STREET ADDRESS 5300 EPPING LANE 2006 Folkstone Place
CITY-ST-ZIP ZEPHYRHILLS FL 33541 Wesley Chapel, FL 33543

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-27-03 8139132315

Date

Daytime Phone #

CR2E034 (4/03)

attachment

CLOTHES DOCTOR
13915 U.S. 98 BYPASS
DADE CITY, FL 33543


86142175
#P00000000074

FLORIDA DEPT. OF STATE
SECRETARY OF STATE
GLENDA E. HOOD
DIV. OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I BELIEVE THIS TO BE MY FIRST NOTICE OF THIS REPORT. I AM ENCLOSING THE FEE OF \$150.00. IF YOU DO NOT WAIVE THE LATE FEE, THERE SHOULD BE TIME FOR ME TO BE NOTIFIED AND STILL GET IT TO YOU. I CAN NOT BELIEVE THAT I WOULD IGNORE A FEE THAT HAS SUCH A LATE FEE.

SINCERELY,


PENNY PARKER
OWNER/PRESIDENT