

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90078 047 \*\*\*150.00

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**DOCUMENT # P00000027577**

1. Entity Name  
**THE LEMONCLUB.COM INC.**

Principal Place of Business  
**4846 N. UNIVERSITY DRIVE**  
**#347**  
**LAUDERHILL FL 33351-4510**

Mailing Address  
**4846 N. UNIVERSITY DRIVE**  
**#347**  
**LAUDERHILL FL 33351-4510**

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 **65-0997274**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVINE, BUSCH, SCHNEPPER & STEIN, P.A.**  
**9100 S DADELAND BLVD, SUITE 1010**  
**MIAMI FL 33156**

Name  
**C T Corporation System**

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

**1200 South Pine Island Rd.**

City  
**Plantation**

FL Zip Code  
**33324**

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

*James M. Halpin*

**James M. Halpin**  
**Assistant Secretary**

**2/26/02**

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  
**D**  
 NAME  
**COX, GREGORY**  
 STREET ADDRESS  
**10860 NW 8TH CT**  
 CITY-ST-ZIP  
**PLANTATION FL 33324**

TITLE  
**D**  
 NAME  
**Cox, Gregory**  
 STREET ADDRESS  
**1138 Linden Ave.**  
 CITY-ST-ZIP  
**Deerfield, IL 60015**

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

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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:

*Gregory Cox*  
**Gregory Cox**

**March 3, 2002**

**847-236-1013**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)