

7/20/

FILED**Aug 10, 2001 8:00 am**
Secretary of State

07-20-2001 90006 008 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000041864**1. Entity Name
MEGALORE, INC.Principal Place of Business
**4020 W MARYLAND PLACE
CASSELBERRY FL 32707**Mailing Address
**4020 W MARYLAND PLACE
CASSELBERRY FL 32707**

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

593644834

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIGHAM, JUNE
4020 W MARYLAND PLACE
CASSELBERRY FL 32707**

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

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
					President	June Bigham	4020 W Maryland Pl.	Casselberry FL 32707		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2504 (5/01)

Attachment# P0000004186 ✓

77389

This is the first notice
I received to renew.
I called the number
on the material and
the lady said to send
a note with my
\$150 expressing this.
This is the first year
of the corporation
and I now know that
it should have been
sent in January
and if I don't
receive it I
should call -
Thank you
Mrs. Righa
Transformed by His Hand



Attachment Doc#
P00000041864
77389



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 24, 2001

MEGALORE, INC.
4020 W MARYLAND PLACE
CASSELBERRY, FL 32707

Subject: **MEGALORE, INC.**

Reference **P00000041864**
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE
CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX
1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE
DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the
Division of Corporations at (850) 488-9000.

/SG
ANNUAL REPORTS SECTION