

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 25, 2003 8:00 am**  
**Secretary of State**

06-25-2003 90072 044 \*\*\*150.00

DOCUMENT # **P 00000041864**

1. Entity Name

**MEGALORE, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4020 W Maryland Pl.**

Suite, Apt. #, etc.

3. Mailing Address

**4020 W Maryland Pl.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Casselberry FL**

Zip  
**32707**

Country  
**Seminole**

City & State  
**Casselberry FL**

Zip  
**32707**

Country  
**Seminole**

4. FFI Number

**59 3644 834**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
**June Bigham**

Street Address (P.O. Box Number is Not Acceptable)  
**4020 W Maryland Pl**

City  
**Casselberry**

FL

Zip Code  
**32707**

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Owner**  
**June Bigham**  
**4020 W Maryland Pl.**  
**Casselberry FL 32707**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**When I realized that I had not received a notice for my \$150 I called & spoke with Mrs. Peterson & am now sending my \$150. When I received this I was dealing with a serious illness in the family, sorry for the delay.**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

CR2E034B (12/02)