FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90185 006 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061832

1. Entity Name
MUCH 4 LESS, INC.

90058545

Principal Place of Business	Mailing Address
2050 N ANDREWS AVE ET BAY 112 CORAL SPRING, FL 33076	2050 N ANDREWS AVE ET BAY 112 CORAL SPRING, FL 33076
2. Principal Place of Business: 5856 NW 122nd Dr.	3. Mailing Address: 5856 NW 122nd Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs FL	City & State: Coral Springs FL
Zip: 33076 Country	Zip: 33076 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1019947 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, JAY
5057 N.W. 95TH DRIVE
CORAL SPRING, FL 33076

7. Name and Address of New Registered Agent

Name: Angela DiCrescenzo
Street Address (P.O. Box Number is Not Acceptable): 3170 N. Federal Hwy #103H
City: Lighthouse Pt FL Zip Code: 33076

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: Angela DiCrescenzo CPA 3/18/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, JAY 5057 N.W. 95TH DRIVE CORAL SPRING, FL 33076	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5856 NW 122nd Drive Coral Springs FL 33076	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 address, with all other like empowered.

SIGNATURE: Jay Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #