

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90038 047 ***150.00

DOCUMENT # P00000087329

1. Entity Name
LULA CORP.

Principal Place of Business
1191 E NEWPORT CENTER DRIVE PH B
DEERFIELD BEACH FL 33442

Mailing Address
1191 E NEWPORT CENTER DRIVE PH B
DEERFIELD BEACH FL 33442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Sign-A-Rama
 Suite, Apt. #, etc.
1906 S. University Drive
 City & State
Davie, Florida

3. Mailing Address
Sign-A-Rama
 Suite, Apt. #, etc.
1906 S. University Drive
 City & State
Davie, Florida

4. FEI Number **65-1031789**
 Applied For
 Not Applicable

Zip **33324** Country **Broward**

Zip **33324** Country **Broward**

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

6. Name and Address of Current Registered Agent

TAYLOR, DANIEL
1191 E NEWPORT CENTER DRIVE PH B
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name **Daniel Taylor**
 Street Address (P.O. Box Number is Not Acceptable)
1906 S. University Drive
 City **Davie** 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

DATE **03/18/02**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE **PTSD** ☐ Delete
 NAME **TAYLOR, DANIEL**
 STREET ADDRESS **1191 E NEWPORT CENTER DRIVE PH B**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTSD** ☒ Change ☐ Addition
 NAME **Daniel Taylor**
 STREET ADDRESS **1906 S. University Drive**
 CITY-ST-ZIP **Davie, Florida 33324**

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

TITLE ☐ Change ☐ Addition
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **03/18/02**

Daytime Phone #

CR2E034 (9/01)