

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093023

1. Entity Name
LOWERY'S USA, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-10-2002 90052 019 ***150.00

Principal Place of Business
7864 W. IRLO BRONSON HWY
KISSIMMEE FL 34747

Mailing Address
C/O JEFFERSON F. RIDDELL P.A.
3400 S TAMiami TR
SARASOTA FL 34239

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
c/o Saxon, Secord & Co., PA
Suite, Apt. #, etc.
150 W. Oak Street
City & State
Kissimmee, FL 34741
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1092371
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
RIDDELL, JEFFERSON F
3400 S TAMiami TR
SARASOTA FL 34239

7. Name and Address of New Registered Agent
Name
Richard Saxon
Street Address (P.O. Box Number is Not Acceptable)
c/o Saxon, Secord & Co., PA
150 W. Oak Street
City
Kissimmee FL Zip Code 34741

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]* DATE 5-31-02
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

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	DPST	TITLE	DPT
NAME	MURPHY, DAVID	NAME	Murphy, David
STREET ADDRESS	7864 W. IRLO BRONSON HWY	STREET ADDRESS	7864 W. Irlo Bronson Hwy
CITY-ST-ZIP	KISSIMMEE FL 34747	CITY-ST-ZIP	Kissimmee, FL 34747
TITLE		TITLE	Secretary
NAME		NAME	Peter Howlett
STREET ADDRESS		STREET ADDRESS	7864 W. Irlo Bronson Hwy
CITY-ST-ZIP		CITY-ST-ZIP	Kissimmee, FL 34747
TITLE		TITLE	Secretary
NAME		NAME	Marilyn DuBois
STREET ADDRESS		STREET ADDRESS	7864 W. Irlo Bronson Hwy
CITY-ST-ZIP		CITY-ST-ZIP	Kissimmee, FL 34747
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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]* Date 2/4/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)