2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000001812

1. Entity Name

GEORGE LUCY, INC.



FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90262 029 ***150.00

Principal Place of Business TEN 8600K LARE LAKELAND FL 38303 2. Srincipal Place of Business Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. City & State Country Zip Country S. Certificate of Status Desired Foo Required						A WE THE				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Applied For Not Applicable Street Address of Status Desired \$8.755 Additions Foo Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TYSON, ANNE G TEN BROOK LANE LAKELAND FL 33803 City 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 Fordia. I am familiar with, and accept the obligations of registered agent. Signature FILE NOW!!! FEE IS \$150.00 After May 1, 2003, Fee will be \$550.00 All which is the State of Fordia Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE MAKE STREET ADDRESS STREET ADDRES	TEN BROOK LANE			TEN BROOK I	ANE					
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Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TYSON, ANNE G TEN BROOK LANE LAKELAND FL 33803 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am lamiliar wirn, and accept the obligations of registered agent. SIGNATURE Signature, typed or private name or registered agent and tito if applicable. (NOTE Registered Agent signature required when refressing) PATE FILE NOW!!! FEE IS \$150.00 Make Cheeck Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P CITY ST-2P Clarge Addition AME STREET ADDRESS CITY-ST-2P CITY ST-2P Addition STREET ADDRESS CITY-ST-2P CITY ST-2P Addition STREET ADDRESS CITY-ST-2P CITY ST-2P Addition STREET ADDRESS STREET AD	Suite, Apt.	#, etc.		Suite, Apt. #	, etc.		☐ CHECK HERE IF MAKING CHANGES			
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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 an address, with all other like empowered.	indicated of the corp	on this report poration or th	t or supplemental report e receiver or trustee em	t is true and accurate powered to execute	and that my sign this report as req	nature shall have the	same legal effect as if made under oa	ath; that I am an offic	er or director	