

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

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

05-01-2002 91565 045 ****50.00
05-28-2002 91763 029 ***100.00

DOCUMENT # PO10000013011
1. Entity Name
LUCIA ENTERPRISES, INC. ✓

DO NOT WRITE IN THIS SPACE

868422

2. Principal Place of Business
3 COMMERCE BLVD
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM COAST FL

City & State
City & State

Zip
32164 Country
USA

Zip Country

4. FEI Number
59-3736872 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
WILLIAM LUCIA

Street Address (P.O. Box Number is Not Acceptable)
3 COMMERCE BLVD

City
PALM COAST FL Zip Code
32164

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT/CEO WILLIAM LUCIA 3 COMMERCE BLVD. PALM COAST, FL 32164</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with any other like empowered.

SIGNATURE: William Lucia William Lucia 4-12-02 386-447-2895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)