

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000013774

1. Entity Name
\$ TEN & LESS, INC.

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-21-2002 90853 026 ***150.00

Principal Place of Business
4080 EDGEWATER DR.
ORLANDO FL 32804

Mailing Address
4080 EDGEWATER DR.
ORLANDO FL 32804



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 393 CENTER POINTE CIRCLE SUITE 1461 ALTAMUNTE SPRINGS FL 32701		3. Mailing Address Same SUITE 1461 ALTAMUNTE SPRINGS FL 32701		4. FEI Number 59-3697649	Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent BLAKE, PHILIP E 4080 EDGEWATER DR. ORLANDO FL 32804		7. Name and Address of New Registered Agent Name: Philip E Blake Street Address (P.O. Box Number is Not Acceptable): 393 CENTER POINTE CIRCLE SUITE 1461 City: ALTAMUNTE SPRINGS FL 32701	
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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: Philip E Blake DATE: 4/18/02

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 NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, PHILIP E 4080 EDGEWATER DR. ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1499 Shadowmoor Cir Lake Mary FL 32746 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE: [Signature] DATE: 4/18/02 DAYTIME PHONE: 402-402-9119

CR2E034 (9/01)