

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

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

03-19-2002 90031 042 ***150.00

DOCUMENT # PO1000019881
1. Entity Name
LUCKY'S INTERNATIONAL INC.

DO NOT WRITE IN THIS SPACE

425207

2. Principal Place of Business <u>1607 ST. PAULS DRIVE</u>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>CLEARWATER, FL</u>	City & State	4. FEI Number <u>593697107</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33764</u>	Country <u>USA</u>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name COLE/TACKETT ACCTG. INC
Street Address (P.O. Box Number is Not Acceptable)
9340 N-56TH ST SUITE 220
City TAMPA **FL** **Zip Code** 33617

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 <u>PRESIDENT</u>	TITLE
NAME <u>STEVEN IVES</u>	NAME
STREET ADDRESS <u>1607 ST. PAULS DRIVE</u>	STREET ADDRESS
CITY-ST-ZIP <u>CLEARWATER, FL 33764</u>	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE: Steven Ives
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02 722 535 0039
Date Daytime Phone #

CR2E034B (12/01)