

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90280 029 \*\*\*150.00

**DOCUMENT # P01000024287**

1. Entity Name  
**LULU CLAMS, INC.**

Principal Place of Business

**RT. 5 BOX 5940  
 LAKE BUTLER FL 32054**

Mailing Address

**RT. 5 BOX 5940  
 LAKE BUTLER FL 32054**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**Rt 5 Box 5940**

Suite, Apt. #, etc.

3. Mailing Address

**Rt 5 Box 5940**

Suite, Apt. #, etc.

City & State

**Lake Butler Florida**

City & State

**Lake Butler Florida**

4. FEI Number

Applied For

☒ Not Applicable

Zip

**32054**

Country

**UNION**

Zip

**32054**

Country

**UNION**

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

**KELLER, RONNIE**

**RT. 5 BOX 3038**

**LAKE BUTLER FL 32054**

Name

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

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ronnie Keller, Pres.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/1/02**

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KELLER, RONNIE</b>	
STREET ADDRESS	<b>RT. 5 BOX 5940</b>	
CITY-ST-ZIP	<b>LAKE BUTLER FL 32054</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROBERTS, JOHN</b>	
STREET ADDRESS	<b>RT. 5 BOX 5940</b>	
CITY-ST-ZIP	<b>LAKE BUTLER FL 32054</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **Ronnie Keller** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/1/02**

Date

**386-496-3038**

Daytime Phone #

CR2E034 (4/02)

Attachment

# 101000024287

123472

Florida Dept of State  
Division of Corporations

To Whom it may concern:

I received the enclosed UBR and a fee request of \$ 550. This is the first request I have received. Please accept my requested payment of \$ 150. If you need to contact me by phone my number is 386-496-3038. Leave a message and I will return the call ASAP.

Thank you,

Ronnie Keller  
Pres. Lulu Claims