

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000025755

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: LILLY'S TROUSSEAU, INC.

Current Principal Place of Business:

2016 HENDRICKS AVE.
JACKSONVILLE, FL 32207

New Principal Place of Business:

4209 ST. JOHNS AVENUE
JACKSONVILLE, FL 32210

Current Mailing Address:

2016 HENDRICKS AVE.
JACKSONVILLE, FL 32207

New Mailing Address:

4209 ST. JOHNS AVENUE
JACKSONVILLE, FL 32210

FEI Number: 59-3717221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, WENDY
2016 HENDRICKS AVE.
JACKSONVILLE, FL 32207

Name and Address of New Registered Agent:

WALKER, WENDY
4209 ST. JOHNS AVENUE
JACKSONVILLE, FL 32210

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:

05/01/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: WILSON, CARMEY L
Address: 4209 ST. JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: P () Change (X) Addition
Name: WILSON, CARMEY L
Address: 4209 ST. JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: P () Change (X) Addition
Name: WILSON, CARMEY L
Address: 4209 ST. JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: P () Change (X) Addition
Name: WILSON, CARMEY L
Address: 4209 ST. JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: P () Change (X) Addition
Name: WILSON, CARMEY L
Address: 4209 ST. JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: P () Change (X) Addition
Name: WILSON, CARMEY L
Address: 4209 ST. JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEY LYNN WILSON

P

05/01/2002

Electronic Signature of Signing Officer or Director

Date