

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

03-26-2002 90072 006 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000048182

1. Entity Name

GENERAL MERCHANDISE CORPORATION

Principal Place of Business

717 E. OAK ST.
 KISSIMMEE FL 34744

Mailing Address

717 E. OAK ST.
 KISSIMMEE FL 34744

25958



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2760 MICHIGAN AVENUE Suite, Apt. #, etc. STE 3 City & State Kissimmee FL Zip 34744 Country		3. Mailing Address 2760 MICHIGAN AVENUE Suite, Apt. #, etc. STE 3 City & State Kissimmee FL Zip 34744 Country		4. FEI Number 59-3719371	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					

6. Name and Address of Current Registered Agent BAUMRUK, ANDY J 717 E. OAK ST. KISSIMMEE FL 34744		7. Name and Address of New Registered Agent Name KIM TO THACH Street Address (P.O. Box Number is Not Acceptable) 2760 MICHIGAN AVENUE STE 3 City Kissimmee FL Zip Code 34744	
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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 *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/14/02

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 THACH, KIM 2760 MICHIGAN AVE., #3 KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THACH, DEBBIE 2760 MICHIGAN AVE., #3 KISSIMMEE FL 34744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02

407-932-3262

CR2E034 (9/01)