FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P-01000091161

1. Entity Name

LUZY GENERAL STORE, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN -5 PM 4:37

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2. Principal Place of Business	3. Mailing Address
1085 HWY 17-N	P O BOX 1561
Suite, Apt #, etc.	Suite, Apt. #, etc
City & State: Wauchula, FL	City & State: ZOLFO SPRINGS FL
Zip: 33873 Country	Zip: 33890 Country

4. FEI Number: 65-1146569 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: VICTOR GONZALEZ

Street Address (P.O. Box Number is Not Acceptable): 1085 HWY 17 N

City: Wauchula FL Zip Code: 33873

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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	VICTOR GONZALEZ	NAME	200020541022
STREET ADDRESS	1085 HWY 17 N	STREET ADDRESS	06/05/03--01033--004 **150.00
CITY-ST-ZIP	Wauchula, FL 33873	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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12. 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 10 or on an attachment with an address, with all other like empowered

SIGNATURE: Victor M Gonzalez 4/20/03 (863) 773-0660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR