

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90131 035 ***150.00

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DOCUMENT # P01000095759

1. Entity Name
LAKE RIDGE SANDWICH SHOP, INC.



Principal Place of Business
1470 N. DIXIE HWY., #4
FT. LAUDERDALE FL 33304

Mailing Address
1470 N. DIXIE HWY., #4
FT. LAUDERDALE FL 33304

00042616



2. Principal Place of Business
705 N E 13 ST
Suite, Apt. #, etc.

3. Mailing Address
1470 N Dixie Hwy #4
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Fort Lauderdale FL
33304

City & State
Fort Lauderdale FL
33304

4. FEI Number
59-3750107

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLASSER, PAULA
1470 N. DIXIE HWY., #4
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name **Paula Glasser**
Street Address (P.O. Box Number is Not Acceptable) **1470 N Dixie Hwy #4**
City **Fort Lauderdale** **FL** **Zip Code** **33304**

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

(NOTE: Registered Agent signature required when reinstating)

DATE *4/2/03*

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GLASSER, PAULA**
STREET ADDRESS **1470 N DIXIE HWY #4**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paula Glasser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)