FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO2000 6806/

1. Entity Name
LORIDA GENERAL STORE INC

SIGNATURE:



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91475 018 ***150.00

Daylime Phone #

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DO NOT WRIT	E IN THIS SPA	ACE.		
	on the state of the	ar in the state of		
2. Principal Place of Business	3. Mailing Address 3300 LINCOLA	V BLVD		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WŖITE IN THIS SF	PACE
City & State LORIDA FL	City & State SCBRING F		4. FELNumber 82 - 0149826	Applied For Not Applicable
Zip Country HIG-HLAND	Zip 33875-4422	Country HIGH LANDS		8.75 Additional ee Required
		Name	7. Name and Address of Current Registered A	\gent
DO NOT WRITE				
IN THIS SPACE		Street Address (P.O. Box Number is Not Acceptable)		
IN I HIS S	PACE			
		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			when reinstating) DATE	
Signature, typed or printed name of registered ag January 1 - May 1 Fee is \$150.00	ent and title if applicable. (NOTE: He	gistered Agent signature required	when reinstaing) DATE	
After May 1, Fee is \$550.00			9. Election Campaign Financing	\$5.00 May Be
Amended UBR is \$61.25 Make Check Payable to Florida Department			Trust Fund Contribution.	Added to Fees
10. • OFFICERS AN	ND DIRECTORS	新庭园村园		The state of the s
SCOTT E' DA SI	LAV - PRESIDENT	NAME	The state of the s	
NAME STREET ADDRESS 3300 LINCOLN A	BL√D	STREET ADDRESS	The state of the s	
CHY-ST-ZIP SEBLING FL 33	ND DIRECTORS LAV - PRESIDENT BLVD 875-44W	CITY-ST-ZIP		
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CITY-ST-ZIP	***************************************	TITLE .		
TITLE NAME		NAME		
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TITLE		TITLE		
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CITY-ST-ZIP		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)(1), 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.				