

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90782 017 ***150.00

0349675 AV

DOCUMENT # P02000077687

1. Entity Name
LIL OLE COUNTRY STORE, INC.



Principal Place of Business
**2240 S.W. 70TH AVENUE
UNIT H-1
DAVIE FL 33317**

Mailing Address
**2240 S.W. 70TH AVENUE
UNIT H-1
DAVIE FL 33317**



2. Principal Place of Business

5129 STAGECOACH DRIVE

3. Mailing Address

P.O. BOX 934394

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

COCONUT CREEK FL

City & State

MARGATE

4. FEI Number

161617440

Applied For

Not Applicable

Zip

33073

Country

FLORIDA

Zip

33073-4394

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPELL, KAREN R ESQ.
2525 EMBASSY DRIVE
SUITE 2
COOPER CITY FL 33026**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE **PD** ☐ Delete
NAME **SINATRA, DIANE**
STREET ADDRESS **3337 CONFETTI LANE**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **VD** ☐ Delete
NAME **ROGERS, ROBERT**
STREET ADDRESS **3337 CONFETTI LANE**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☒ Delete
NAME **PALMACCI, LINSEY**
STREET ADDRESS **1018 S.W. 149TH TERRACE**
CITY-ST-ZIP **SUNRISE FL 33326**

TITLE **D** ☒ Delete
NAME **COURY, DONNA**
STREET ADDRESS **1018 S.W. 149TH TERRACE**
CITY-ST-ZIP **SUNRISE FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **SINATRA, DIANE**
STREET ADDRESS **5129 STAGECOACH DRIVE**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **VD** ☒ Change ☐ Addition
NAME **ROGERS, Robert**
STREET ADDRESS **5129 STAGECOACH DRIVE**
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

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

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/03

Date

934-448-3374

Daytime Phone #

CR2E034 (10/02)