

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90145 004 \*\*\*150.00

0611808 AV

**DOCUMENT # P02000081104**

1. Entity Name  
**LET'S GO ENTERPRISES, INC.**



Principal Place of Business  
**3496 SOUTH DIXIE HIGHWAY  
STUART FL 34997**

Mailing Address  
**3496 SOUTH DIXIE HIGHWAY  
STUART FL 34997**



2. Principal Place of Business

**3496 SE Dixie Hwy**  
Suite, Apt. #, etc.

3. Mailing Address

**3496 SE Dixie Hwy**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**Stuart, FL**

City & State

**Stuart, FL**

4. FEI Number

**52-2373139**

Applied For

Not Applicable

Zip

**34997**

Country

**USA**

Zip

**34997**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BIRMINGHAM, ROBERT  
96 SOUTH DIXIE HIGHWAY  
STUART FL 34997**

7. Name and Address of New Registered Agent

Name **Robert Birmingham**  
Street Address (P.O. Box Number is Not Acceptable)  
**3496 SE Dixie Hwy**  
City **Stuart** FL **34997**

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 DATE **1/6/03**

**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BIRMINGHAM, ROBERT</b>	
STREET ADDRESS	<b>3496 SOUTH DIXIE HIGHWAY</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>Robert Birmingham</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert Birmingham</b>	
STREET ADDRESS	<b>3496 SE Dixie Hwy</b>	
CITY-ST-ZIP	<b>Stuart, FL 34997</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/6/03**

CR2E034 (10/02)