

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90051 030 ***150.00

DOCUMENT # P02000132631

1. Entity Name

THE LUGGAGE SHOPPE, INC.



Principal Place of Business

2055 THOMASVILLE ROAD #E-103
TALLAHASSEE FL 32308

Mailing Address

2055 THOMASVILLE ROAD #E-103
TALLAHASSEE FL 32308

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

3820 Windmill Lake Road

Suite, Apt. #, etc.

City & State

City & State

Weston, Florida

Zip

Country

32308-0768

Zip

Country

33332-2107

USA

4. FEI Number

80-6654428

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BOWER, TANYA L ESQ.
C/O TRIPP SCOTT, P.A.
110 SE 6TH STREET 15TH FLOOR
FORT LAUDERDALE FL 33301

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**
NAME **Greg Erickson**
STREET ADDRESS **3820 Windmill Lake Road**
CITY-ST-ZIP **Weston, Florida 33332-2107**

☐ Delete

TITLE **S**
NAME **Robin Erickson**
STREET ADDRESS **3820 Windmill Lake Road**
CITY-ST-ZIP **Weston, Florida 33332-2107**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robin Erickson

3/2/03

Date

954-806-3957

Daytime Phone #

CR2E034 (10/02)