## 2001 UNIFORM BUSINESS REPORT (UBR) May 03, 2001 8:00 am Secretary of State DOCUMENT # P95000069578 LUCKY LADIES, INC. 05-03-2001 91000 004 \*\*\*150.00 Principal Place of Business Mailing Address 1802 DOYLE RD 1802 DOYLE RD DELTONA FL 32738 DELTONA FL 32738 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3363302 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DELTONA FL 32738 3.2725 City 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. TARNSWORTH This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State **\11.** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change ☐ Addition NAME DAVIS. CAROLYN S NAME STREET ADDRESS 1026 EAST GAUCHO CIRCLE STREET ADDRESS CITY-ST-ZIP **DELTONA FL 32725** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME OLIVER, W. JEAN NAME STREET ADDRESS 190 APPLE DRIVE STREET ADDRESS CITY-ST-ZIP GREENCASTLE PA 17225 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition WISDOM, RACHAEL NAME STREET ADDRESS 16 OAKLAND AVENUE STREET ADDRESS CITY-ST-ZIP CENTRAL ISLIP NY 11722 CITY-ST-ZIP TITLE ☐ Delete 1026 EAST GAUCHO CIRCLE DELTONA, FL 32725 FARNSWORTH, BARBARA NAME STREET ADDRESS 1451 E. HARTLEY CIR STREET ADDRESS CITY-ST-ZIE DELTONA FL 32725 CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE: BARBARA A FARNS 60 R.1 H

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

427/01 407-866-6200
Daytime Phone \*

☐ Change

Addition