## **2003 FOR PROFIT CORPORATION**

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P96000003925						FILED Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90201 037 ***150.00				
LAKESHO	DRE STOP SUPER MARKET	, INC.		O WE						
Principal Place 938 SANTA M ST AUGUSTII	· · ·	Mailing Address 938 SANTA MARIA BLVD. ST AUGUSTINE FL 32086					UUBBE			
2. Principal Place of Business 1574 U.S.1 South		3. Mailing Address 1574 U-S-1 South		uth						
Suite, Apt. #, etc. ·		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					_
	4 suctine FL-	City & State St. Augusti		FL.	4. FEIN	59-3353855		No	oplied For ot Applicable	]
3208	Country Sh. Johns 6. Name and Address of Current	Zip 32 o8 6	St-C	<i>johns</i>		ficate of Status Desired and Address of New Re	Fe	8.75 Add e Require		
	V. Harris and Harris VI. Carrent	iogiocio vigo.		Name	77. 14.		<u> </u>			1
HEŘZALLA, HISHAM 938 SANTA MARIA BLVD.				Street Address (P.O. Box Number is Not Acceptable)						
ST AUGU	ISTINE FL 32086			City	<u>-</u>		FL	Zip Code	e	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	d office or register	red agent,	or both, in the State of Flori	da. I am fan	niliar with,	and accept	1
SIGNATURE	Signature, typed or printed name of registered agent a		D:-t				DATE		•	
·		no title ir applicable. (NOTE:	Hegistered	Agent signature required	o wnen reinstati	ng)	DATE	<del></del>		-
Afte	iLE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State				<ol><li>Election Campaign Fina Trust Fund Contribution.</li></ol>	~		May Be to Fees	ļ
10.	OFFICERS AND	DIRECTORS	11.		ADDITI	ONS/CHANGES TO OFFIC	ERS AND D	IRECTOR!	S IN 11	_ [
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD   HERZALLA, HISHAM   938 SANTA MARIA   ST AUGUSTINE FL 32086	☐ Delete		1			[	Change	☐ Addition	5034 (10/02)
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STREET ADDRESS . CITY-ST-ZIP				T ADDRESS ST-ZIP						
	Lentify that the information supplied with	this filing does not qualify for			ection 119.0	07(3)(i), Florida Statutes. I f	urther certify	that the in	nformation	

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:**