

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031073

1. Entity Name

LEGAL DOCUMENTS FOR LESS, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90095 033 ***150.00

Principal Place of Business

Mailing Address

3727 SE 21ST AVE
CAPE CORAL FL 33904
US

3727 SE 21ST AVE
CAPE CORAL FL 33907-2966
US

00000000

2. Principal Place of Business

3. Mailing Address

7738 Tamara Lee Ct

7738 Tamara Lee Ct

Suite, Apt. # etc.

Suite, Apt. #, etc.

103

103

City & State
Ft Myers, FL

City & State
Ft. Myers, FL

4. FEI Number 65-0679792

Applied For
Not Applicable

Zip
33907

Country
USA

Zip
33907

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DURNIAK, MICHAEL G~~
~~3727 SE 21ST AVE~~
~~CAPE CORAL FL 33904~~

Name
Amber L. Chesley
Street Address (P.O. Box Number is Not Acceptable)
7738 Tamara Lee Ct #103
City
Ft Myers FL 33907

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.

SIGNATURE Amber L. Chesley, Pres Amber L. Chesley 2-8-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|---|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DURNIAK, MICHAEL G 3727 SE 21ST AVE CAPE CORAL FL 33904 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD CHELSLEY, AMBER L 3727 SE 21ST AVE CAPE CORAL FL 33904 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President, Sect., Director, Reg. Agent Amber L. Chesley 7738 Tamara Lee Ct #103 Ft Myers, FL 33907 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

SIGNATURE: Amber L. Chesley 2/8/00 (941) 936-9363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #