## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 28, 2002 8:00 am Secretary of State P98000020302 DOCUMENT # 1. Entity Name 05-28-2002 91732 001 \*\*\*150 00 LOLLIPOP KIDS, INC. Mailing Address Principal Place of Business 3755 PEACE RIVER DR. 4030 TAMIAMI TRAIL B0121100 PLINTA GORDA FL 33983 PORT CHARLOTTE FL 33952 3. Mailing Address Harbor view Rol 23664 <u>an</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 23064 AB 3064 AR Applied For City & State 4. FEI Number 65-0821129 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 3398 D Charlot 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LANIGAN, SANDRA C Street Address (P.O. Box Number is Not Acceptable) 3755 PEACE RIVER DR. **PUNTA GORDA FL 33983** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME LANIGAN, SANDRA C NAME STREET ADDRESS 3755 PEACE RIVER DR. STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33983 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME LANIGAN, GARY NAME STREET ADDRESS STREET ADDRESS 3755 PEACE RIVER DR CITY-ST-ZIP CITY-ST-7IP **PUNTA GORDA FL 33983** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST - ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

941-629-5823 SIGNATURE: Daytime Phone #

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

13. Thereby 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