SEP. 6.2002 3:08PM

AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-17-2002 90099 027 ****61.25
FILED P98000028145

02 SEP 23 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000028145

1. Entity Name
Lillian's of Lakeland, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
215 E. Main Street		215 E. Main Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lakeland, FL		City & State: Lakeland, FL	
Zip: 33801	Country: U.S.A.	Zip: 33801	Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3509268 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Nunn, Daniel B., Jr.
Street Address (P.O. Box Number is Not Acceptable): One Independent Drive, Suite 3000
City: Jacksonville FL Zip Code 32202

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 ____________________
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) ☐

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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,S Keith Johnson 215 E. Main St.; Lakeland, FL 33801	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Keith Johnson 9/13/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)