

AMENDED

09-17-2002 90099 027 ***61.25
FILED P98000028145FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

02 SEP 23 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000028145

1. Entry Name

Lillian's of Lakeland, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

215 E. Main Street

Subm. Apt. #, etc.

3. Mailing Address

215 E. Main Street

Subm. Apt. #, etc.

City & State
Lakeland, FLCity & State
Lakeland, FLZip
33801Country
U.S.A.Zip
33801Country
U.S.A.

4. FEI Number

59-3509268

Applied For
Not Applicable5. Certificate of Status Desired ☐\$6.75 Additional
Fee Required

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
32202DO NOT WRITE
IN THIS SPACE

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 of principal or principal owner of registered entity and file if applicable.

NOTE: Registered Agent signature required when new address.

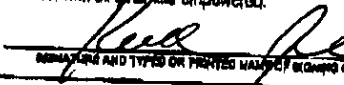
DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirements 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-ZIPP.S.
Keith Johnson
216 E. Main St.; Lakeland, FL 33801TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPDO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 as empowered.

SIGNATURE: 

9/13/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Copy fee (if any)

C0283048 (12/01)