

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000049482

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: LOLLY SHOPPE, INC.

Current Principal Place of Business:

LOLLY SHOPPE INC
209 CIRCLE SOUTH
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

3124 IRISH DRIVE
LORIDA, FL 33857

New Mailing Address:

FEI Number: 65-0847865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN-GRAY, LAURIE
3124 IRISH DRIVE
LORIDA, FL 33857

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRAY, PAUL N
Address: 3124 IRISH DRIVE
City-St-Zip: LORIDA, FL 33857

Title: D () Delete
Name: FREEMAN-GRAY, LAURIE
Address: 3124 IRISH DRIVE
City-St-Zip: LORIDA, FL 33857

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE FREEMAN-GRAY

D

04/26/2002

Electronic Signature of Signing Officer or Director

_____ Date