## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Adams Adams

## S02398 **DOCUMENT #**

1. Entity Name

0.11.11.11.01.

GEORGE'S MEAT MARKET OF LANTANA, INC.



## **FILED** Mar 03, 2003 8:00 am \$ Secretary of State

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Suite. Apt. #, etc.   Suite.	125 \$ 3 \$T										
Course Store    Course   City & Store   City &	2. Principal Place of Business		3. Mailing Address					<b>  </b>	######################################		
Some and Address of Current Registered Agent  COLLINS, GEORGE I  Same and Address of Current Registered Agent  7. Name and Address of Rew Registered Agent  Name  COLLINS, GEORGE I  Same Address of Current Registered Agent  Name  Same Address of Rew Registered Agent  Name  Same Address of Rew Registered Agent  Collins, GEORGE I  Same Address of Rew Registered Agent  Collins Same Address of Rew Registered Agent Age	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
Same and Address of New Registered Agent  COLLINS, GEORGE I.  Street Address (P.O. Box Number is Not Acceptable)  WEST PALM BEACH FI. 33417  City FL Zip Code  8. The above named critity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent.  SIGNATURE  Registered agent or registered agent, or both in the State of Florida. I arm familiar with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Floridg Department of State  10.  OFFICERS AND DRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DRECTORS IN 11  PARKET ADDRESS  OTH-ST-ZP  OLILINS, GEORGE I.  SIGNATURE  OULINS, GEORGE I.  OULINS, GEORGE II.  OULINS, GEORGE I.  OULINS, GEORGE II	City & Stat	9	City & State			4. FE	1 Number 65-0233787				
COLLINS, GEORGE I.  \$336 BELLEVILLE RD  WEST PALM BEACH FL 33417  City  City  FL  Zip Code	<b>1</b> -	Country B.	33462-	Coun	try A						
Street Address (P.O. Box Number is Not Acceptable)  WEST PALM BEACH FL 33417  City FL Zip Code  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. I am familiar with, and accept the obligations of registered agent agent and its a replacement agent age	,	6. Name and Address of Current	Registered Agent			7. Na	me and Address of New Regis	stered Age	ent		
Since Address (P.O. Box Number is Not Acceptable)  Sirect Address (P.O. Box Number is Not Acceptable)  Sirect Address (P.O. Box Number is Not Acceptable)  City	0011110	oronor i			Name						
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Signature, Specific primeral name or implement agreement	8. The above	named entity submits this statement for	or the purpose of changing	its registere	ed office or regist	tered ager	nt, or both, in the State of Florida		iliar with,	and accept	
After May 1, 2003 Fee will be \$550.00   After May 1, 2003 Fee will be \$550.00     Ake Check Payable to Florida Department of State     10.	SIGNATURE .	Signature typed or printed name of registered spent	and title if applicable.	NOTE: Registered	d Agent signature requir	red when reins	stating)	DATE			
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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		ertify that the information supplied with	this filing does not qualify			Section 11	9 07(3Vi) Florida Statutas I furt	ther certify	that the in	formation	

indicated on this report or suppliemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: