2001 UNIFORM BUSINESS REPORT (UBR)

leenforma

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # V62540** 1. Entity Name LA SHOUZE AND !!!, INC. 04-27-2001 90402 027 ***150.00 Principal Place of Business Mailing Address 2524B MCMULLEN BOOTH ROAD 2524B MCMULLEN BOOTH ROAD CLEARWATER FL 33761 CLEARWATER FL 33761 しいひりみんても 2. Principal Place of Business 3. Mailing Address _ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3144399 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORMAN, EILEEN J Street Address (P.O. Box Number is Not Acceptable) 2524 B MCMULLEN BOOTH ROAD CLEARWATER FL 33761 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. KOTE: Registered Agent signature required when reinstating) 4-16-01 SIGNATURE 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete Addition TITLE TITLE Change GORMAN, EILEEN J NAME NAME STREET ADDRESS 2524 B MCMULLEN BOOTH ROAD STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33761 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 resort 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 changed, or on an attachment with an address, with all other like empowered.

EI/EEN J. GORMAN 4/16/01 727-791-6782-