

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

DOCUMENT # A97000000878
 1. Entity Name
LOIS VENTURE, LTD.

Principal Place of Business: **4427 W. KENNEDY BLVD., STE. 125 TAMPA FL 33609**
 Mailing Address: **P.O. BOX 320342 TAMPA FL 33679-2342**



2. Principal Place of Business: Suite, Apt. #, etc. / City & State
 3. Mailing Address: Suite, Apt. #, etc. / City & State

4. FEI Number: **59-3443350** Applied For / Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip / Country / Zip / Country

6. Name and Address of Current Registered Agent
O'MALLEY, ANDREW M
712 S. OREGON AVE
TAMPA FL 33609

7. Name and Address of New Registered Agent
 Name / Street Address (P.O. Box Number is Not Acceptable) / 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.
 SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$75,000.00**
 10. Amount of Capital Contributions in FLORIDA to date.
 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P97000035433
NAME	LOIS VENTURE, INC.
STREET ADDRESS	4427 W. KENNEDY BLVD., STE. 125
CITY-ST-ZIP	TAMPA FL 33609
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500003284005--5
CITY-ST-ZIP	-06/12/00--01007--010
	***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **As President of Lois Venture, Inc.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: **4.24.00** Daytime Phone #: **813-289-5511**

CR2E003 (9/99)