

2001 UNIFORM BUSINESS REPORT (UBR)

0013981 AF

DOCUMENT # **A97000000878**

1. Entity Name
LOIS VENTURE, LTD.

FILED
01 MAY -2 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4427 W. KENNEDY BLVD., STE. 125
TAMPA FL 33609

Mailing Address
P.O. BOX 320342
TAMPA FL 33679

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number
59-3443350

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'MALLEY, ANDREW M
712 S. OREGON AVE
TAMPA FL 33609

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS
CITY-ST-ZIP **400004301844--5**
-05/23/01--01040--019
******526.25 ****526.25**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/01 **813/289-5511**
Date Daytime Phone #

Hamilton B. H. H. Jr. as President of

CR2E003 (11/00)