

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90082 028 ***150.00

DOCUMENT # F98000000449

1. Entity Name

LOFTUS & COMPANY

Principal Place of Business

Mailing Address

ONE CHERRY HILL, STE 630
 CHERRY HILL NJ 08002

ONE CHERRY HILL, STE 630
 CHERRY HILL NJ 08002

AAU15473



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3485777

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

LOFTUS, FRANK J
1008 NORMANDY TRACE RD.
TAMPA FL 33602

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	LOFTUS, FRANK J	
STREET ADDRESS	3 OAKWOOD PLACE	
CITY-ST-ZIP	VOORHEES NJ	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DITORIO, JOHN	
STREET ADDRESS	5 BATES COURT	
CITY-ST-ZIP	SEWELL NJ	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LOFTUS, MARIA A	
STREET ADDRESS	10 GREENBRIAR CT	
CITY-ST-ZIP	VOORHEES NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOFTUS, JOHN	
STREET ADDRESS	10 GREENBRIAR CT	
CITY-ST-ZIP	VOORHEES NJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank J. Loftus PRESIDENT

Date 1/11/2000

Daytime Phone # 800-552-5012

CR2E034 (9/99)