FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90120 031 ***150.00

DOCUMENT # J75606 3 ✓

1. Entity Name

LOBLOLLY REALTY COMPANY

DO NOT WRITE IN THIS SPACE

646220

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7407 SE Hill Ter Suite, Apt. #, etc.	7407 SE Hill Ter Suite, Apt. #, etc.
City & State: Hobe Sound, FL 33455	City & State: Hobe Sound, FL 33455
Zip: 33455 Country: USA	Zip: 33455 Country: USA

4. FEI Number: 59-2837176 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: John W. Sullivan

Street Address (P.O. Box Number is Not Acceptable): 7407 SE Hill Ter

City: Hobe Sound, **FL** Zip Code: 33455

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	DP
NAME	Sullivan, John W.
STREET ADDRESS	7407 SE Hill Ter
CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	DVS
NAME	Sullivan, Susan R.
STREET ADDRESS	7407 SE Hill Ter
CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	V
NAME	Kitzner, Carol
STREET ADDRESS	7407 SE Hill Ter
CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	DT
NAME	Fowler, William C.
STREET ADDRESS	7407 SE Hill Ter
CITY-ST-ZIP	Hobe Sound, FL 33455
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: John W. Sullivan President 4/16/02 561-545-2531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #