2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000065514 Mar 06, 2000 8:00 am **Secretary of State** LOYALTY INC. 03-06-2000 90077 008 ***150.00 Principal Place of Business Mailing Address 1579 OAKHILL TRAIL 1579 OAKHILL TRAIL KISSIMMEE FL 34747 KISSIMMEE FL 34747-1953 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KIRBY, GARRY Street Address (P.O. Box Number is Not Acceptable) 1579 OAKHILL TRAIL KISSIMMEE FL 34747 Zip Code FL 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 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, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees Di: (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1, (OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE KIRBY, GARRY NAME NAME 1579 OAKHILL TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34747 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE KIRBY, YVONNE NAME 1579 OAKHILL TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34747 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.