

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90226 023 ***150.00

DOCUMENT # P96000060244

1. Entity Name

LTV PROPERTIES, INC.



Principal Place of Business:

1416 CAMELLIA COURT

ST GEORGE ISLAND FL 32328



Timothy Mowrey
6494 Scenic Hwy.
Pensacola, FL 32504

CURT

10-FL-32328



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3441801

Applied For

Not Applicable

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

MOWREY, TIMOTHY S
1416 CAMELLIA COURT
ST GEORGE ISLAND FL

Timothy Mowrey
6494 Scenic Hwy.
Pensacola, FL 32504

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

\$150.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MOWREY, TIMOTHY S
STREET ADDRESS 1416 CAMELLIA COURT
CITY-ST-ZIP ST GEORGE ISLAND FL 32328

Timothy Mowrey
6494 Scenic Hwy.
Pensacola, FL 32504

☐ Change ☐ Addition

change address

TITLE D
NAME MOWREY, LAURA
STREET ADDRESS 1416 CAMELLIA COURT
CITY-ST-ZIP ST GEORGE ISLAND FL 32328

Timothy Mowrey
6494 Scenic Hwy.
Pensacola, FL 32504

☐ Change ☐ Addition

change address.

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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12. 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 10 or Block 11 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

Date 1/8/03 Daytime Phone #

CR2E034 (10/02)