

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 220663

1. Entity Name

LOFAR CORPORATION

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90099 001 \*\*\*150.00

Principal Place of Business

Mailing Address

401 N. MILLS AVE  
D  
ORLANDO FL 32803

401 N. MILLS AVE  
D  
ORLANDO FL 32803-5750

2. Principal Place of Business

3. Mailing Address

695 S. Wilma St.

695 S. Wilma St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 121

# 121

City & State

City & State

LONGWOOD FL

LONGWOOD FL

Zip

Country

Zip

Country

32750

Seminole

32750

Seminole



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1733763

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

FARRAR, EDWARD L  
401 N MILLS AVENUE  
ORLANDO FL 32806

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

TITLE PD  
NAME FARRAR, EDWARD L JR.  
STREET ADDRESS 401 N. MILLS AVE., SUITE D  
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Edward L Farrar Jr

Date

Daytime Phone #

18 Jan 00 407/339-4151