

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 276370

1. Entity Name
LORENE INVESTMENT CO



FILED

03 SEP 15 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
848 ST. R. 848
PO BOX 380099
GRANDIN FL 32138-0099

Mailing Address
CRN. HWY. 100 & ST. RD. 315
PO BOX 99
GRANDIN FL 32138

2. Principal Place of Business
G1

3. Mailing Address
Box 99

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GRANDIN, FLA

City & State
GRANDIN, FLA

Zip 32138 Country FLORIDA

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4. FEI Number 59-1361291

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLAY, LORENE
CRN HWY 100 & ST RD. 315
BOX 99
GRANDIN FL 32138

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 Lorene Clay (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

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CLAY, LORENE
STREET ADDRESS BOX 98, CRN HWY 100Ļ
CITY-ST-ZIP GRANDIN FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200023193152
09/19/03--01017--028 **150.00

TITLE VD
NAME CLAY, R.T.JR
STREET ADDRESS BOX 98, CRN HWY 100Ļ
CITY-ST-ZIP GRANDIN FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME CLAY, R T
STREET ADDRESS BOX 98, CRN HWY 100Ļ
CITY-ST-ZIP GRANDIN FL

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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: LORENE CLAY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-659-2325

CR2E034 (10/02)

Attachment

276370

8/10/03

DIVISION of CORPS

I have had a severe time this summer resulting in an operation for removal of left breast due to malignancy.

Our little Corp is not an ongoing business - just a title for some land.

R. H. Bay Jr.
So Texas