

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90265 049 ***150.00

DOCUMENT # 512029

1. Entity Name
LO LEASE, INC.



Principal Place of Business
**2330 US 1 SOUTH
ST AUGUSTINE FL 32086
US**

Mailing Address
**PO BOX 1926
ST. AUGUSTINE FL 32085
US**

50025551



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1769242**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**LOWE, PHILIP W.
2330 US #1 SOUTH
ST.AUGUSTINE FL 32086**

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

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	<input type="checkbox"/> Delete
NAME	LOWE, PHILIP W.	
STREET ADDRESS	2330 US #1 SOUTH	
CITY-ST-ZIP	ST.AUGUSTINE FL 32086	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LOWE, PATRICIA A	
STREET ADDRESS	2967 S ATLANTIC AVE, #1002	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	DI	<input type="checkbox"/> Delete
NAME	PEARSON, DONALD J	
STREET ADDRESS	13 CLASSIC COURT	
CITY-ST-ZIP	PALM COAST-FL 32037	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOWE, MICHAEL	
STREET ADDRESS	880 CHERRY TREE RD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 10, 2003
Date

Daytime Phone #

CR2E034 (10/02)