

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90128 044 ****61.25

DOCUMENT # 713233

1. Entity Name

LOPEZ, INC.

Principal Place of Business

Mailing Address

**7177 58TH STREET-NORTH
 PINELLAS PARK FL 34665**

**7177 58TH STREET-NORTH
 PINELLAS PARK FL 34665**

2. Principal Place of Business

7177 58th STREET NORTH

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PINELLAS PARK, FLORIDA

City & State

4. FEI Number

23-7155025

Applied For

Not Applicable

Zip

Country

33781

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

**SCAVELLI, MICHAEL
 6861 59TH STREET NORTH
 PINELLAS PARK FL 33781**

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

Michael A Scavelli

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/3/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SCAVELLI, MICHAEL	
STREET ADDRESS	6861 59TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HEINL, RICHARD	
STREET ADDRESS	460 1/2 24TH STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DRURY, ALFRED L	
STREET ADDRESS	7403 46 AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLS, JEFF	
STREET ADDRESS	11257 ELMHURST DRIVE	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRASSEUR, BRADFORD	
STREET ADDRESS	4721 34TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOPP, GEORGE J	
STREET ADDRESS	5555 15 AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 617, 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:

Michael A Scavelli
Michael A Scavelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

Date

Daytime Phone #

CR2E037 (9/01)