2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001394

1. Entity Name

LOOSE ASSOCIATES, LTD.

FILED 4/4/20

00 APR 12 PM 2:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
482 JACKSONVILLE DR. JACKSONVILLE BEACH FL 32250	482 JACKSONVILLE DR. JACKSONVILLE BEACH FL 32250-3812

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3453458 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLETCHER, JAMES M
1370 13TH AVENUE SOUTH, SUITE 214
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name Ronnie Burak

Street Address (P.O. Box Number is Not Acceptable) 482 Jacksonville Drive

City Jacksonville Beach FL Zip Code 32250

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 Ronnie Burak Ronnie Burak 4/8/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$16,000.00	16,600.	155

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000055729	STREET ADDRESS	
NAME	LOOSE ASSOCIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	482 JACKSONVILLE DR.		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100003223221--6
NAME		CITY-ST-ZIP	-04/25/00--01074--027
STREET ADDRESS			****200.75 ****200.75
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Ronnie Burak SIGNATURE REQUIRED 4/8/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #