

Page 1 of 3

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 OCT 18 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000007093

1. Entity Name

Loron I, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 8389 Ironhorse Court

3. Mailing Address

8389 Ironhorse Court

Suite, Apt. #, etc.

22

26 Suite, Apt. #, etc.

City & State

23 West Palm Beach FL

27 City & State

West Palm Beach FL

4. FEI Number

Not Applicable

Applied For

X Not Applicable

Zip County

24 33412 25 Palm Beach

28 Zip County

33412 Palm Beach

5. Certificate of Status Desired

Additional Fee Required \$8.75

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

81

Corporate Creations Network Inc.  
941 Fourth Street #200  
Miami Beach, FL 33139

82

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

83

84

FL

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE

*Stephen Samuel* Stephen Samuel, VP CCN Inc.

10/15/01

Signature, typed or printed name of registered agent and title of 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME Ron Greschner  
STREET ADDRESS PO Box 221241  
CITY-ST-ZIP West Palm Beach, FL 33422  
☒ DELETE

1.1 TITLE President  
1.2 NAME Lorelei Greschner  
1.3 STREET ADDRESS PO Box 221241  
1.4 CITY-ST-ZIP West Palm Beach, FL 33422  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

13. I do 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 annual report or supplemental annual 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, or on attachment with an address.

SIGNATURE

*Lorelei Greschner* Lorelei Greschner, President

by S.T. Samuel as attorney-in-fact

10/15/01

(561) 624-2404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**Re: Loron I, Inc.**

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$150 check payable to Florida Department of State

It is our understanding that the state will waive the late filing fee (and reinstate the company if applicable) because we never received the Uniform Business Report that should have been mailed to us. Thank you.

Sincerely,

Name: Lorelei Greschner

Title: President

Date: 10/15/2001

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**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**PHONE: (850) 668-4318 FAX: (850) 668-3398**

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DATE: 10-18-01

NAME: LORON I, INC.

TYPE OF FILING: REINSTATEMENT

COST: \$150. —

RETURN:

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



RECEIVED  
01 OCT 18 AM 10:58  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA