

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G22613

1. Entity Name

LOADS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90020 049 ***150.00

Principal Place of Business

Mailing Address

% KENNETH SOWDEN
 5500 NE 2ND AVE
 MIAMI FL 33137

% KENNETH SOWDEN
 5500 NE 2ND AVE
 MIAMI FL 33137-2504

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

59-2253395

Applied For

Not Applicable

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

SOWDEN, KENNETH
 5500 NE 2ND AVE
 MIAMI FL 33137

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

Signature, typed or printed name of registered agent and title if 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 PD
 NAME SOWDEN, KENNETH
 STREET ADDRESS 10030 N.W. 35TH STREET
 CITY-ST-ZIP HOLLYWOOD FL

☐ Delete

TITLE VST
 NAME SOWDEN, ALICE L
 STREET ADDRESS 10030 N.W. 35TH STREET
 CITY-ST-ZIP HOLLYWOOD FL

☐ Delete

TITLE D
 NAME SOWDEN, ALICE L
 STREET ADDRESS 10030 N.W. 35TH STREET
 CITY-ST-ZIP HOLLYWOOD FL

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE PD
 NAME SOWDEN KENNETH
 STREET ADDRESS 2500 N.E. 135 ST. #1107
 CITY-ST-ZIP N. MIAMI, FL. 33181

☒ Change ☐ Addition

TITLE VST
 NAME SOWDEN ALICE L
 STREET ADDRESS 964 N.W. 79 TER.
 CITY-ST-ZIP PLANTATION, FL. 33324

☒ Change ☐ Addition

TITLE
 NAME GERALD HUMPHREY D.
 STREET ADDRESS 7550 N.W. 1ST CT.
 CITY-ST-ZIP PENSACOLA PINES, FL. 33024

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/00 305-954-9593