

DOCUMENT # J55356

1. Entity Name

LOURAN DEVELOPMENT CO., INC.

Principal Place of Business

~~474 SE CORK RD~~  
PORT ST LUCIE FL 34984  
US

Mailing Address

~~474 SE CORK RD~~  
PORT ST LUCIE FL 34984-8909  
US

2. Principal Place of Business

1680 SW BAYSHORE BLVD.

3. Mailing Address

1680 SW BAYSHORE BLVD.

Suite, Apt. #, etc.

SUITE 106

Suite, Apt. #, etc.

SUITE 106

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2765060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FORBIS, LOURENA SUE  
474 SE CORK RD  
PORT ST LUCIE FL 34984

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
NAME FORBIS, LOURENA SUE  
STREET ADDRESS 474 SE CORK RD  
CITY - ST - ZIP PORT ST. LUCIE FL 34984

TITLE ☐ Delete  
NAME VASCELLARO, ANDREW  
STREET ADDRESS 805-10 CENTRAL PARKWAY  
CITY - ST - ZIP STUART FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 *LOURANA SUE FORBIS* LOURENA SUE FORBIS 1-11-2000 344-9025  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Mar 31, 2000 8:00 am  
Secretary of State

03-31-2000 90098 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE