

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J85652**

1. Entity Name
LOFT PROPERTIES, INC.

Principal Place of Business

**9751 MONTANA CT
9751 MONTANA CT.
BONITA SPRINGS FL 34135
US**

Mailing Address

**9751 MONTANA CT
9751 MONTANA CT.
BONITA SPRINGS FL 34135
US**

2. Principal Place of Business

9751 MONTANA CT

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL 34135

City & State

FL

Zip

34135

Country

LEE

Zip

34135

Country

US

6. Name and Address of Current Registered Agent

**ROBERT VALENTINE LOFT
9751 MONTANA COURT
BONITA SPRINGS FL 34135**

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, 2002 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 **PD** ☐ Delete
NAME **LOFT, ROBERT VALENTINE**
STREET ADDRESS **9751 MONTANA CT.**
CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE **VD** ☐ Delete
NAME **LOFT, JOAN ELLEN**
STREET ADDRESS **9751 MONTANA CT.**
CITY-ST-ZIP **BONITA SPRINGS 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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 JANUARY 2002

Date

Daytime Phone #

941 495-1803

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90015 030 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

0506278 AV

CR2E034 (9/01)