

2001 **UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90031 003 \*\*\*150.00

**DOCUMENT # L34176**  
 1. Entity Name  
**LLOYD MOTOR COMPANY**

Principal Place of Business % R.L. LLOYD, JR. 100 EAST 23RD STREET PANAMA CITY FL 32405-4502	Mailing Address % R.L. LLOYD, JR. 100 EAST 23RD STREET PANAMA CITY FL 32405-4502
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>714 BUNKERS COVE ROAD</b> Suite, Apt. #, etc.	3. Mailing Address <b>714 BUNKERS COVE ROAD</b> Suite, Apt. #, etc.
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City & State <b>PANAMA CITY FL</b>	City & State <b>PANAMA CITY FL</b>	4. FEI Number <b>59-2979897</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32401</b>	Country	Zip <b>32401</b>	Country

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

6. Name and Address of Current Registered Agent  
**LLOYD, R.L., JR.**  
**100 EAST 23RD STREET**  
**PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent  
 Name:  
 Street Address (P.O. Box Number is Not Acceptable):  
**714 BUNKERS COVE ROAD**  
 City **PANAMA CITY FL** Zip Code **32401**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of person to whom the registered agent has been assigned) (NOTE: Registered Agent signature required when registering)

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 \$500.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PD LLOYD, R.L., JR. 100 EAST 23RD ST. PANAMA CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LLOYD, EUGENIA P. 714 BUNKERS COVER ROAD PANAMA CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	714 BUNKERS COVE ROAD PANAMA CITY FL 32401	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: R. Lloyd 4-5-01 850-522-0102  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR