2001 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2001 8:00 am **DOCUMENT # L65837 Secretary of State** 1. Entity Name LORD PROPERTIES, INC. 02-13-2001 90005 043 ***150.00 Mailing Address Principal Place of Business C/O THERESA A. SWANSON C/O THERESA A. SWANSON 37 HICKORY HILL ROAD 37 HICKORY HILL ROAD TEQUESTA FL 33469 TEQUESTA FL 33469 2. Principal Place of Business 3. Mailing Address Theresa 40 Theresa Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>2320</u> 23 <u>232</u>0 Applied For City & State City & State 4. FEI Number 65-0191921 Not Applicable -Jupite Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 3347 L.S. A. 42u Fee Required 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent Name THERESA SWANSON, THERESA A. Street Address (P.O. Box Number is Not Acceptable) 37 HICKORY HILL ROAD **TEQUESTA FL 33469** City Tupiter 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 Theresa A. Swanson, Pres, 2/6/01 Livan (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) Change Change Addition TITLE ☐ Delete TITLE Swanson, Theresa A. 2320, 23rd Court SWANSON, THERESA A. NAME NAME STREET ADDRESS 37 HICKORY HILL RD. STREET ADDRESS CITY-ST-ZIP FL 33477 CITY-ST-7IP TEQUESTA FL ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE -TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP