

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90077 009 ***150.00

DOCUMENT # L69603

1. Entity Name
LOPAC, INC.



Principal Place of Business
**208 RIDGE DRIVE
NAPLES FL 34108
US**

Mailing Address
**208 RIDGE DRIVE
NAPLES FL 34108
US**



2. Principal Place of Business

206 Ridge Dr.

3. Mailing Address

206 Ridge Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

65-0189433

Applied For

Not Applicable

Zip

34108

Country

USA

Zip

34108

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONELY, KARLA
4031 GULF SHORE BLVD NORTH #30
NAPLES FL 34103**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete
NAME **CONLEY, BRUCE D.**
STREET ADDRESS **208 RIDGE DRIVE**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **S** ☐ Delete
NAME **CONLEY, KAREN B**
STREET ADDRESS **208 RIDGE DRIVE**
CITY-ST-ZIP **NAPLES FL 34108**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☒ Change ☐ Addition
NAME **Conley, Bruce D.**
STREET ADDRESS **206 Ridge Dr.**
CITY-ST-ZIP **Naples, FL 34108**

TITLE **S** ☒ Change ☐ Addition
NAME **Conley, Karen B.**
STREET ADDRESS **206 Ridge Dr.**
CITY-ST-ZIP **Naples, FL 34108**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 239-592-9300
Date Daytime Phone #

CR2E034 (10/02)