

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90186 003 ***150.00

DOCUMENT # L91541

1. Entity Name
LORITO AUTO SALES, INC.



Principal Place of Business
**6400 S. PINE AVE.
OCALA FL 34480**

Mailing Address
**6400 S. PINE AVE.
OCALA FL 34480**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3073744**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GILL, RAY S., P.A.
613 S. E. FT. KING STREET
OCALA FL 32671**

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 ☐ Delete
NAME **D LORITO, JOHN G.**
STREET ADDRESS **6400 S. PINE AVE.**
CITY - ST - ZIP **OCALA FL 34480**

TITLE ☐ Delete
NAME **D LORITO, JACQUELINE ANN**
STREET ADDRESS **6400 S. PINE AVE.**
CITY - ST - ZIP **OCALA FL 34480**

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-22-03
Date

352-629-3234
Daytime Phone #



Check with us
May 12, 2003 for Quality & Savings

Attachment

90135838
#L91541
"SERVING
MARION COUNTY
SINCE 1956"

Division of Corporations
Uniform Business Reporting Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

We have been very concern about our filing fee of \$150.00 for the UBR (Doc #L91541). We have checked our return checks daily and have not found any cashed check. Also, checked online service and no record shown of payment.

We mailed the report and check on March 25, 2003, check #32188 in the amount of \$150.00. We spoke with your office today and found they had no record of receiving.

We are sending you a copy of the original report and another check of \$150.00. Please excuse us of any fine as we did not intend this delay. Thank you for any understanding in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Lorito".

Jackie Lorito , Secretary