

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90096 019 ***150.00

0356140 AV

DOCUMENT # P00000027467

1. Entity Name
LOQUAT, INC.

Principal Place of Business
36 YACHT CLUB DR., #607
N. PALM BEACH FL 33408

Mailing Address
36 YACHT CLUB DR., #607
N. PALM BEACH FL 33408

2. Principal Place of Business
5350 WOODLAND LAKES

3. Mailing Address
5350 WOODLAND LAKES

Suite, Apt. #, etc.
210

Suite, Apt. #, etc.
210

City & State
PALM BEACH GARDENS FL

City & State
PALM BEACH GARDENS FL

4. FEI Number
65-0991958

Applied For
 Not Applicable

Zip
33418

Country
PALM BCH

Zip
33418

Country
PALM BCH

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

6. Name and Address of Current Registered Agent

SERFATY, CHARLES S
4330 SHERIDAN ST., SUITE 202B
HOLLYWOOD FL 33021

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD HERRINGTON, DAVID 36 YACHT CLUB DR., #607 N. PALM BEACH FL 33408 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HERRINGTON, KATE 36 YACHT CLUB DR., #607 N. PALM BEACH FL 33408 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KENNETH SARPLE 5350 WOODLAND LAKES APT 210 PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NORMA SARPLE 5350 WOODLAND LAKES APT 210 PALM BEACH GARDENS FL 33418 <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	<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)(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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

18th Jan. 02 561-694-9444

CR2E034 (9/01)