

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90070 042 ***150.00

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DOCUMENT # P00000032490

1. Entity Name
LOSUMO ENTERPRISES, INC.

Principal Place of Business
2802 E. IRLO BRONSON MEMORIAL HWY
KISSIMMEE FL 34744

Mailing Address
2802 E. IRLO BRONSON MEMORIAL HWY
KISSIMMEE FL 34744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4790 MILDRED BASS RD

3. Mailing Address
4790 MILDRED BASS RD

Suite, Apt. #, etc.

City & State
ST CLOUD FL

City & State
ST CLOUD FL

4. FEI Number
59-3639355

Applied For
☐ Not Applicable

Zip
34772

Country
USA

Zip
34772

Country
USA

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

6. Name and Address of Current Registered Agent
HAYES, ROBERT S
441 W. VINE STREET
KISSIMMEE FL 34741

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 *Susan S Mongillo* **4-6-02**
 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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONGILLO, SUSAN		NAME		
STREET ADDRESS	2802 E. IRLO BRONSON MEMORIAL HWY		STREET ADDRESS	4790 MILDRED BASS ROAD	
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP	ST CLOUD FL 34772	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Susan S Mongillo* **4-6-02** **407-891-1955**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)