

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90382 019 ***150.00

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1. Entity Name
F.H. LORENZ AND SONS, INC.



Principal Place of Business
7862 SAILBOAT KEY BLVD
602
SOUTH PASADENA FL 33707

Mailing Address
7862 SAILBOAT KEY BLVD
602
SOUTH PASADENA FL 33707

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 **59-3651425**

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

MYERS, ROBERT J
1135 PASADENA AVE STE 140
ST PETERSBURG FL 33707

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	LORENZ, THOMAS L	
STREET ADDRESS	1900 HILLSDALE ROAD	
CITY-ST-ZIP	HILLSDALE MI 49242-3548	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORENZ, JOAN	
STREET ADDRESS	1900 HILLSDALE ROAD	
CITY-ST-ZIP	HILLSDALE MI 49242-3548	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORENZ, ANGELA	
STREET ADDRESS	1900 HILLSDALE ROAD	
CITY-ST-ZIP	HILLSDALE MI 49242-3548	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORENZ, WILLIAM D	
STREET ADDRESS	1906 FIELDING COURT	
CITY-ST-ZIP	DEFIANCE OH 43512	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D JACK E. LORENZ	
STREET ADDRESS	1930 REDWOOD DR.	
CITY-ST-ZIP	DEFIANCE, OHIO 43512	
TITLE	D MARY LORENZ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1930 REDWOOD DR.	
STREET ADDRESS	DEFIANCE, OH 43512	
CITY-ST-ZIP		
TITLE	T.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY M. LORENZ	
STREET ADDRESS	7862 SAILBOT KEY BLVD # 602	
CITY-ST-ZIP	S. PASADENA, FL 33707	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK H. LORENZ	
STREET ADDRESS	7862 SAILBOT KEY # 602	
CITY-ST-ZIP	S. PASADENA, FL 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Dorothy M. Lorenz 3-30-03 727/367-4162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)