

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90092 036 ***558.75

DOCUMENT # P00000053925

1. Entity Name
LOUMAR CONTRACTING SERVICES INC.

Principal Place of Business

**PO BOX 561335
 ORLANDO FL 32856**

Mailing Address

**PO BOX 561335
 ORLANDO FL 32856**

2. Principal Place of Business

2415 Barksdale Dr.

3. Mailing Address

P.O. Box 561335

Suite, Apt. #, etc.

Orlando FLA.

Suite, Apt. #, etc.

Orlando FL.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3650216**

Applied For

Not Applicable

Zip **32806-03**

Country

Orange

Zip **32856-1335**

Country

Orange

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

6. Name and Address of Current Registered Agent

**SOTOLONGO, CARLOS
 2415 BARKSDALE DRIVE
 ORLANDO FL 32822**

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **D** ☐ Delete
 NAME **SOTOLONGO, CARLOS**
 STREET ADDRESS **2415 BARKSDALE DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **P** ☐ Delete
 NAME **SOTOLONGO, ISRAEL**
 STREET ADDRESS **2408 E JACKSON ST**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE OF Carlos Sotolongo

Date

Daytime Phone #

8/22/02 (407) 832 4562

CR2E034 (4/02)