

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90405 028 ***150.00

DOCUMENT # P00000082594

1. Entity Name
LOLARAY ENTERPRISES, INC.



Principal Place of Business

428 CAMDEN AVENUE
STUART FL 34994

Mailing Address

428 CAMDEN AVENUE
STUART FL 34994

2. Principal Place of Business

3333 SE JEFFERSON St
Suite, Apt. #, etc.

3. Mailing Address

3333 SE JEFFERSON St
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Stuart, FL

City & State
Stuart, FL

4. FEI Number **65-1107107**

Applied For
Not Applicable

Zip **34997** **Country** **USA**

Zip **34997** **Country** **USA**

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

6. Name and Address of Current Registered Agent

NELSON, RAY O
428 CAMDEN AVENUE
STUART FL 34994

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3333 SE Jefferson St.
City **FL** **Zip Code** **34997**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	NELSON, RAY O	
STREET ADDRESS	428 CAMDEN AVENUE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	P	<input type="checkbox"/> Delete
NAME	NELSON, LORI M	
STREET ADDRESS	428 CAMDEN AVENUE	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 SE Jefferson St
STREET ADDRESS	Stuart, FL 34997
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 SE Jefferson St
STREET ADDRESS	Stuart, FL 34997
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03 **(772) 486-0403**
Date Daytime Phone #

CR2E034 (10/02)