2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 90737 008 ***150.00

DOCUMENT # P00000098792

1. Entity Name
LOBO INVESTMENTS, INC.

Principal Place of Business
2585 MONTEGO BAY BLVD.
KISSIMMEE FL 34746

Mailing Address
717 E OAK STREET
KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — Suite, Apt. #, etc.

3. Mailing Address: 2585 MONTEGO BAY BLVD — Suite, Apt. #, etc.

City & State

City & State: KISSIMMEE, FL

Zip: 34746 — Country: OSCEOLA

4. FEI Number: 59-3677295 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
SWART, HARRY J CPA
717 E. OAK ST.
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent
Name: TIFFANY LOBO
Street Address (P.O. Box Number is Not Acceptable): 2585 MONTEGO BAY BLVD
City: KISSIMMEE FL Zip Code: 34746

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: Tiffany Lobo
(Signature of a new or current agent required if applicable) (NOTE: Registered Agent signature required when resigning) 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	Delete
D LOBO, JOSE A 2585 MONTEGO BAY BLVD. KISSIMMEE FL 34746	☐
P LOBO, TIFFANY 2585 MONTEGO BAY BLVD. KISSIMMEE FL 34746	☐
	☐
	☐
	☐
	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
VP, S, T	☐	☒
D, P	☒	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

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: Tiffany Lobo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #