

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90426 047 ***150.00

DOCUMENT # P00000099213

1. Entity Name

~~SHERRI LOMAN LMT, INC.~~

Sherri Chapman LMT, INC

Principal Place of Business

11638 CHAPMAN AVE.
 BONITA SPRINGS FL 34135

Mailing Address

11638 CHAPMAN AVE.
 BONITA SPRINGS FL 34135

2. Principal Place of Business

4345 18th St NE

Suite, Apt. #, etc.

3. Mailing Address

4345 18th St NE

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34120

Country

US

City & State

Naples FL

Zip

34120

Country

US

4. FEI Number

59-3681727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOMAN, SHERRI
 11638 CHAPMAN AVE.
 BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name Sherri Chapman

Street Address (P.O. Box Number is Not Acceptable)
 4345 18th St NE

City Naples

FL

Zip Code 34120

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

Sherri Chapman

4/7/02

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.
 (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 PD
 NAME LOMAN, SHERRI
 STREET ADDRESS 11638 CHAPMAN AVE.
 CITY-ST-ZIP BONITA SPRINGS FL 34135 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Sherri Chapman ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 4345 18th St NE
 CITY-ST-ZIP Naples FL 34120

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Sherri Chapman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/02 (941) 825-4077

Date

Daytime Phone #

CR2E034 (9/01)