

FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90063 023 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000003915

1. Entity Name
LORYSNARK, INC.



90139228

Principal Place of Business
**3550 N INDIAN RIVER DR.
COCOA, FL 32926**

Mailing Address
**3550 N. INDIAN RIVER DR.
COCOA, FL 32926**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3692629

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARBER, LAWRENCE H
931 JASMINE ST.
CELEBRATION, FL 34747-0171**

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

FILE NOW WITH 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 **D** ☐ Delete
NAME **GERSTEIN, MARK**
STREET ADDRESS **3550 N. INDIAN RIVER DR.**
CITY-ST-ZIP **COCOA, FL 32926**

TITLE **D** ☐ Delete
NAME **INGLE, LORI C**
STREET ADDRESS **3550 N. INDIAN RIVER DR.**
CITY-ST-ZIP **COCOA, FL 32926**

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

11. 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

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:

Mark Gerstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/03

321-504-7246
Daytime Phone #

CR2EC034 (10/02)

Attachment
00139228

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

6/6/03

To Whom It May Concern:

In reference to Document # P01000003915 (Lorysnark, Inc. FEI 59-3692629), I never received the Uniform Business Report form in the mail, and only stumbled on last year's paperwork while reviewing records. I spoke with a representative at your office on 6/6/03, and was told to download a form from your web site, and mail it in with this letter of explanation, along with the normal \$150 annual fee.

Sincerely,



Mark Gerstein
President
Lorysnark, Inc.
3550 N. Indian River Dr.
Cocoa, FL 32926