

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000006289

1. Entity Name
LOPRESSIONISM INC.

Principal Place of Business
165 KRISTI DR
INDIAN HABOUR BEACH FL 32937

Mailing Address
165 KRISTI DR
INDIAN HABOUR BEACH FL 32937

2. Principal Place of Business
8255 Shoreside Lane

Suite, Apt. #, etc.

3. Mailing Address
8255 Shoreside Lane

Suite, Apt. #, etc.

City & State
Merritt Island, FL

Zip 32952 Country USA

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Merritt Island, FL

Zip 32952 Country USA

4. FEI Number
59-3717451

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOPRESTI ST. AMANT, ANGELA
165 KRISTI DR
INDIAN HABOUR BEACH FL 32937

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8255 Shoreside Lane

Merritt Island, FL Zip Code 32952

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
ANGELA LOPRESTI ST. AMANT
8255 SHORESIDE LANE
MERRITT ISLAND, FL 32952

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TREASURER
EDWARD ELLIS ST. AMANT JR.
8255 SHORESIDE LANE
MERRITT ISLAND, FL 32952

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:

Angela Lopresti St. Amant 4-17-02 407-458-5663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

2002
AV