

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

DOCUMENT # **P01000006289**

1. Entity Name
LOPRESSIONISM INC.



Principal Place of Business
**8255 SHORESIDE LANE
MERRITT ISLAND FL 32952**

Mailing Address
**8255 SHORESIDE LANE
MERRITT ISLAND FL 32952**

2. Principal Place of Business
507 CARRIAGE ROAD

3. Mailing Address
507 CARRIAGE RD

Suite, Apt. #, etc.

City & State
INDIAN HARBOUR BEACH, FL

City & State
INDIAN HARBOUR BEACH, FL

Zip
32937

Country
USA

Zip
32937

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
8255 SHORESIDE LANE
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name
ST. AMANT, ANGELA LOPRESTI

Street Address (P.O. Box Number is Not Acceptable)

507 CARRIAGE RD.

City
INDIAN HARBOUR BEACH, 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.

Angela L. St. Amant, President

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
Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
ST. AMANT, ANGELA L
8255 SHORESIDE LANE
MERRITT ISLAND FL 32952

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
ST. AMANT, ANGELA L.
507 CARRIAGE RD.
INDIAN HARBOUR BEACH, FL 32937

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
ST. AMANT, EDWARD E JR
8255 SHORESIDE LANE
MERRITT ISLAND FL 32952

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
ST. AMANT, EDWARD E. JR.
507 CARRIAGE RD.
INDIAN HARBOUR BEACH, FL 32937

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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.

Angela L. St. Amant

1-17-03 321-750-3784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2003 UBR
10/02

**FILED
Jan 21, 2003 8:00 am
Secretary of State**

01-21-2003 90156 047 ***150.00

20012953



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)