

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90156 047 ***150.00

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

20012953



2. Principal Place of Business
507 CARRIAGE ROAD
Suite, Apt. #, etc.

3. Mailing Address
507 CARRIAGE RD
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
INDIAN HARBOUR BEACH, FL
Zip 32937 **Country** USA

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INDIAN HARBOUR BEACH, FL
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.

SIGNATURE *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

TITLE P ☐ Delete
NAME ST. AMANT, ANGELA L
STREET ADDRESS 8255 SHORESIDE LANE
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE T ☐ Delete
NAME ST. AMANT, EDWARD E JR
STREET ADDRESS 8255 SHORESIDE LANE
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME ST. AMANT, ANGELA L.
STREET ADDRESS 507 CARRIAGE RD.
CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937

TITLE T ☒ Change ☐ Addition
NAME ST. AMANT, EDWARD E. JR.
STREET ADDRESS 507 CARRIAGE RD.
CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937

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

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

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

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: *Angela L. St. Amant* 1-17-03 321-750-3784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)