

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000054878

FILED  
Aug 22, 2003  
Secretary of State

Entity Name: LOMA DEL MAR, INC.

**Current Principal Place of Business:**

220 SEA DUNES DR  
MELBOURNE BEACH, FL 32951

**New Principal Place of Business:**

410 MICHIGAN AVE.  
INDIALANTIC, FL 32903

**Current Mailing Address:**

220 SEA DUNES DR  
MELBOURNE BEACH, FL 32951

**New Mailing Address:**

PO BOX 510841  
MELBOURNE BEACH, FL 32951

FEI Number: 59-3721822

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARDON, DONNA  
220 SEA DUNES DR  
MELBOURNE BEACH, FL 32951

**Name and Address of New Registered Agent:**

GARSON, DONNA L  
410 MICHIGAN AVE.  
INDIALANTIC, FL 32903

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: DONNA L GARSON

08/22/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GARSON, DONNA  
Address: 220 CARDINAL DRIVE  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: SVT ( ) Delete  
Name: GARSON, RICHARD  
Address: 220 SEA DUNES DRIVE  
City-St-Zip: MELBOURNE BEACH, FL 32951

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GARSON, DONNA  
Address: 410 MICHIGAN AVE  
City-St-Zip: INDIALANTIC, FL 32903

Title: SVT (X) Change ( ) Addition  
Name: GARSON, RICHARD  
Address: 410 MICHIGAN AVE  
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA L GARSON

PD

08/22/2003

Electronic Signature of Signing Officer or Director

Date