

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

**80107488**

<b>DOCUMENT # P02000028173</b> 1. Entity Name <b>LOHMAN MANAGEMENT SERVICES, INC.</b>					
Principal Place of Business 1425 BELLEVUE AVE. DAYTONA BCH, FL 32114		Mailing Address 1425 BELLEVUE AVE. DAYTONA BCH, FL 32114			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>75-3904324</b> <input type="checkbox"/> Applied For Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BROCK, JEFFREY P</b> <b>444 SEABREEZE BLVD., SUITE 900</b> <b>DAYTONA BCH, FL 32118</b>			7. Name and Address of New Registered Agent Name <b>LOHMAN, LOWELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1210 JOHN ANDERSON DR</b> City <b>ORMOND BEACH</b> FL Zip Code <b>32176</b>		
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 <b>LOWELL LOHMAN - PRESIDENT</b> DATE <b>4/25/03</b> <small>(NOTE: Registered Agent signature required when amending)</small>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <b>NANCY LOHMAN</b> DATE <b>4/25/03</b>			PHONE # <b>386-673-1100</b>		



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)