


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/18/2003-90164-013-\$550.00-\$550.00

DOCUMENT # P02000033698

1. Entity Name
LOON CORP.



Principal Place of Business
13360 SABAL CHASE
PALM BEACH GARDENS FL 33418

Mailing Address
13360 SABAL CHASE
PALM BEACH GARDENS FL 33418


2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
HARRIS, GENE W
13360 SABAL CHASE
PALM BEACH GARDENS FL 33418

03 NOV 13 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300024605973
11/12/03 - 01025 - 013 **200.00



REINSTATE HERE IF MAKING CHANGES 03

4. FEI Number
52-2367649

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 *Gene W. Harris* DATE *8/14/03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	DP HARRIS, GENE W 13360 SABAL CHASE PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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)(f), 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: *Gene W. Harris* DATE *8/14/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20034 (4/03)