FILED

Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90081 045 ***150.00

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

DOCUMENT #

P02000040996

1. Entity Name

LOOP SERVICES CORPORATION

<u> </u>				WE THE	_[
Principal Place of Business 100 SE 7TH ST # 6 DEERFIELD BEACH FL 33441		Mailing Address 100 SE 7TH ST # 6 DEERFIELD BEACH FL 33441					
2. Principal Place of Business		3. Mailing Address				,	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FI	El Number Applied Fo		
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired See Required Fee Required		
	6. Name and Address of Curre	nt Registered Agent			7. N	ame and Address of New Registered Agent	
.,				Name			$\overline{}$
COELHO, HELDER N				The second secon			
100 SE 7TH		}		Street Address (P.O. Box Number is Not Acceptable)			
# 6							
	DEADU EL 00444						
DEERFIELD BEACH FL 33441				City FL Zip Code			
8. The above na	amed entity submits this statement	for the purpose of changing	its registere	ed office or registe	ered age	nt, or both, in the State of Florida. I am familiar with, and acc	ept
	ns of registered agent.		•				•)
							\
-SIGNATURE	gnature, typed or printed name of registered age	ent and title if applicable. (N	OTE: Registere	d Agent signature require	ed when rein	nstating) DATE	. {
S FILE					т		\longrightarrow
	E NOW!!! FEE IS \$150.00 fay 1, 2003 Fee will be \$550.0				}	9. Election Campaign Financing \$5.00 May	
- J-11(C)_1	Payable to Florida Department					Trust Fund Contribution. Added to Fee:	s
10.	<u> </u>		11.		ADE	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

X SIGNATION FULLE QUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

Daytime Phone #

Change

☐ Change

☐ Addition

Addition