

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0002447 AV

DOCUMENT # P02000073562

1. Entity Name  
LOY & LOY ENTERPRISES, INC.



FILED

03 SEP 11 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
942 MELBA ST  
JACKSONVILLE FL 32205

Mailing Address  
942 MELBA ST  
JACKSONVILLE FL 32205



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALLOWES, BORDEN R  
166 A1A NORTH  
VERDA BEACH FL 32082

Name Robert A. Loy  
Street Address (P.O. Box Number is Not Acceptable)  
4326 Hercules Av.  
Jacksonville, FL  
City Jacksonville, FL Zip Code 32205

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 *Robert A. Loy*  
Signature, typed or printed name of registered agent and title if applicable.

*Robert A. Loy*

(NOTE: Registered Agent's signature required when reinstating)

09/08/03  
DATE

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 President  
NAME Robert A. Loy  
STREET ADDRESS 4326 Hercules Av.  
CITY-ST-ZIP Jax, FL 32205 ☐ Delete

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

TITLE Vice President  
NAME Billie J. Loy  
STREET ADDRESS 4326 Hercules Av.  
CITY-ST-ZIP Jax, FL 32205 ☐ Delete

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

TITLE ~~Branch L. Loy Secretary~~  
NAME Brent L. Loy  
STREET ADDRESS 942 Melba St  
CITY-ST-ZIP Jax, FL 32205 ☐ Delete

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

TITLE Treasury  
NAME Clayton R. Loy  
STREET ADDRESS 4326 Hercules Av.  
CITY-ST-ZIP Jax, FL 32205 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*Robert A. Loy*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9.0803 904-388-9054

CR2E034 (4/03)