

FILED
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Secretary of State

05-01-2003 90758 004 ***150.00

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2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000097341

1. Entity Name
LOH CORP.



Principal Place of Business
10220 EASTERN LAKE AVENUE APT. 202
ORLANDO FL 32817

Mailing Address
10220 EASTERN LAKE AVENUE APT. 202
ORLANDO FL 32817

2. Principal Place of Business
10151 UNIVERSITY BLVD
Suite, Apt. #, etc.
122

3. Mailing Address
10151 UNIVERSITY BLVD
Suite, Apt. #, etc.
122

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32817

Zip
32817

6. Name and Address of Current Registered Agent

OZOUNON, LAZAR P
10220 EASTERN LAKE AVENUE APT. 202
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name
LAZAR P. OZOUNON
Street Address (P.O. Box Number is Not Acceptable)
10151 UNIVERSITY BLVD. #122
City
ORLANDO, FL
Zip
32817

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, the registered agent.

SIGNATURE LAZAR OZOUNON 04/27/03
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				☐
				☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	LAZAR OZOUNON	2550 N. ALAFAYA TR. #4303	ORLANDO, FL 32826	☐	☒
TREASURER	LAZAR OZOUNON	2550 N. ALAFAYA TR #4303	ORLANDO, FL 32826	☐	☒
SECRETARY	LAZAR OZOUNON	2550 N. ALAFAYA TR #4303	ORLANDO, FL 32826	☐	☒
				☐	☐
				☐	☐
				☐	☐

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: LAZAR OZOUNON 04/27/03 (407) 658 8347
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)