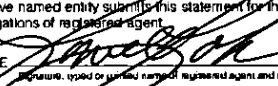


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90213 012 ***150.00

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

DOCUMENT # P02000119331			
1. Entity Name LOHMAN PROPERTIES, INC.			
Principal Place of Business 1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176		Mailing Address 1210 JOHN ANDERSON DR ORMOND BEACH, FL 32176	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 13-4223314		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROCK, JEFFREY P 444 SEABREEZE BLVD STE 900 DAYTONA BEACH, FL 32118		7. Name and Address of New Registered Agent Name LOHMAN, LOWELL Street Address (P.O. Box Number is Not Acceptable) 1210 JOHN ANDERSON DR City ORMOND BEACH FL Zip Code 32176	
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  LOWELL LOHMAN - PRESIDENT DATE 4/25/03 (NOTE: Payor must sign and date when submitting.)			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	☐ Change ☒ Addition	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Change ☒ Addition	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Change ☒ Addition	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		
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:  NANCY LOHMAN		DATE 4/25/03 386-673-1100	

80107489



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)