

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90093 050 ***550.00

DOCUMENT # P19240

1. Entity Name
LORANTES, INC.

Principal Place of Business

10601-2 US HIGHWAY 441

~~10601-2 US HIGHWAY 441~~ **E-2ube**

LEESBURG FL 34788

US

Mailing Address

10601-2 US HIGHWAY 441

~~10601-2 US HIGHWAY 441~~ **E-2ube**

LEESBURG FL 34788

US

80078220



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2916971**

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

TESTA, LORETTA
9809 FAIRWAY CIRCLE
LEESBURG FL 34788

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible :
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
 NAME **RANFONE, SAM**
 STREET ADDRESS **11131 LAKE DR**
 CITY-ST-ZIP **LEESBURG FL 34788**

TITLE **VSD**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE **VD**
 NAME **TESTA, LORETTA**
 STREET ADDRESS **9809 FAIRWAY CIRCLE**
 CITY-ST-ZIP **LEESBURG FL 34788**

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

TITLE **VD**
 NAME **TESTA, ALBERT**
 STREET ADDRESS **9809 FAIRWAY CIRCLE**
 CITY-ST-ZIP **LEESBURG FL 34788**

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

TITLE **VTD**
 NAME **LORE, JOHN**
 STREET ADDRESS **1098 JUNIPER COURT**
 CITY-ST-ZIP **TAVARES FL 32778**

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

TITLE **SD**
 NAME **LORE, BARTHOLOMEW**
 STREET ADDRESS **4168 STONECHAT COURT**
 CITY-ST-ZIP **ROSWELL GA 30075**

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

TITLE **VSD**
 NAME **RANFONE, FRANK**
 STREET ADDRESS **11244 FOUNTAIN LAKE BLVD**
 CITY-ST-ZIP **LEESBURG FL 34788**

TITLE **PD**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **Frank Ranfone**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-01
 Date

352-43-0900
 Daytime Phone #

0129742 AT

CP2E034 (5/01)