

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90012 037 ***150.00

DOCUMENT # P19240

1. Entity Name

LORANTES, INC.

Principal Place of Business

**10601-2 US HIGHWAY 441
C/O SPLISH SPLASH CAR WASH
LEESBURG FL 34788
US**

Mailing Address

**10601-2 US HIGHWAY 441
C/O SPLISH SPLASH CAR WASH
LEESBURG FL 34788
US**

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 ☐ Delete
NAME **PD RANFONE, SAM**
STREET ADDRESS **11131 LAKE DR**
CITY-ST-ZIP **LEESBURG FL 34788**

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

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

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

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

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

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

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

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

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

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

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)