

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22069

1. Entity Name

L.W. LOONEY & SON, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90071 044 \*\*\*550.00

Principal Place of Business

Mailing Address

5795 JOHN GIVENS ROAD  
CRESTVIEW FL 32539  
US

P.O. BOX 40  
CRESTVIEW FL 32588-T236  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Not Operating

P.O. Box 1236

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Niceville, FL

4. FEI Number

59-2923786

Applied For

Not Applicable

Zip

Country

Zip

Country

32588

USA

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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, 2000 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	CTD	<input type="checkbox"/> Delete
NAME	MOLITORIS, MICHAEL	
STREET ADDRESS	5795 JOHN GIVENS RD.	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HASSETT, THOMAS J	
STREET ADDRESS	5705 JOHN GIVENS ROAD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 1236	
STREET ADDRESS	Niceville, FL	
CITY-ST-ZIP	32588	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 1236	
STREET ADDRESS	Niceville, FL	
CITY-ST-ZIP	32588	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 any other like empowered.

SIGNATURE: **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-00

Date

850-729-8465

Daytime Phone #

CR2E034 (9/99)