

AMENDED ANNUAL REPORT

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

FILED

03 DEC 15 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P28559

1. Entity Name

DICK LOEHR'S, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4350 Oakes Road

3. Mailing Address
4135 Oakes Road

Suite, Apt. #, etc.
Suite 312

Suite, Apt. #, etc.
Suite 312

City & State
Davie, Florida

City & State
Davie, Florida

Zip
33314

Country
USA

Zip
33314

Country
USA

4. FEI Number 38-1957232

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Rosen, Jerry

Street Address (P.O. Box Number is Not Acceptable)

7880 N. University Drive, Suite 201

City Tamarac

FL

Zip Code
33321

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PST Loehr *
STREET ADDRESS Leehr/Richard L., Jr.
CITY-ST-ZIP 37 Portside Drive, Ft. Lauderdale, FL

TITLE
NAME D Loehr*
STREET ADDRESS Leehr/Richard L., Jr.
CITY-ST-ZIP 37 Portside Drive, Ft. Lauderdale, FL

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME *Note correct spelling of name
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

CR2E034B (12/02)