2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91182 042 ***550.00

DOCUMENT # P93000011772

1. Entity Name

The Law Offices of Lobeck and Hanson, P.A.

Principal Place of Business	Mailing Address
2033 Main Street Suite 301 Sarasota, FL 34237	2033 Main St. Suite 301 Sarasota, FL 34237

C0069909

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2033 Main Street		2033 Main Street	
Suite, Apt. #, etc. Suite 403		Suite, Apt. #, etc. Suite 403	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34237	Country USA	Zip 34237	Country USA

4. FEI Number 65-0477521 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Lobeck, Daniel J
2033 Main Street, Suite 301
Suite 101
Sarasota, FL 34237

7. Name and Address of New Registered Agent

Name: Lobeck, Daniel J
Street Address (P.O. Box Number is Not Acceptable): 2033 Main Street
Suite 403
City: Sarasota FL Zip Code 34237

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] 5/10/01
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, 2001 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	P S T VP D	☐ Delete	TITLE	P S T VP S	☒ Change ☒ Addition
NAME	Lobeck, Daniel J		NAME	Lobeck, Daniel J	
STREET ADDRESS	1057 Sirus Trail		STREET ADDRESS	1057 Sirus Trail	
CITY-ST-ZIP	Sarasota, FL 34232		CITY-ST-ZIP	Sarasota, FL 34232	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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] 5/10/01 (941) 955-5622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #