

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91182 042 ***550.00

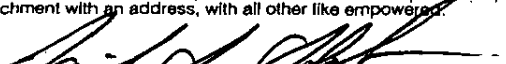
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DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000Q11772																									
1. Entity Name The Law Offices of Lobeck and Hanson, P.A.																									
Principal Place of Business 2033 Main Street Suite 301 Sarasota, FL 34237		Mailing Address 2033 Main St. Suite 301 Sarasota, FL 34237																							
2. Principal Place of Business 2033 Main Street Suite, Apt. #, etc. Suite 403 City & State Sarasota, FL Zip 34237 Country USA		3. Mailing Address 2033 Main Street Suite, Apt. #, etc. Suite 403 City & State Sarasota, FL 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  5/18/01 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																							
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CR2E034 (11/00)

3. 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:  **5/18/01 (941) 955-5622**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date