| DOCUMENT # P93000028961 1. Entity Name RON LOHR REAL ESTATE, INC. | | | | | Apr 04, 2000 8:00 am Secretary of State | | | |
|---|--|--|---------------------------------------|--|--|--|----------------------------|--------------------------|
| Principal Place | e of Business | Mailing Address | | | | 04-04-2000 3000 | 2010 150. | 00 |
| 1415 PINEHURST RD SUITE H DUNEDIN FL 34698 US | | 1415 PINEHURST RD SUITE H CLEARWATER FL 34698-3812 | | | | U U A U U M HIN HIN HIN | | 18) (18 0) (180) |
| Principal Place of Business 3. Mailing Address | | | | | | | | |
| 410 S. Corona Ave. | | 410 S. Corona Ave. | | | * UH 100 (100) | TDO NOT WRITE IN | | 18) ()#f (##) |
| Suite (A) | | Suite (A) | | | | DO NOT WHITE IN | THIS SPACE | |
| City & State | | City & State | | | 4. FEI Number | 59-2935065 | Ap | plied For |
| | water, FL. 33765 | Clearwater, | | | | | | t Applicable |
| Zip 337: | Country 65 USA | Zip 33765 | Country USA |] ; | 5. Certificate of S | Status Desired | \$8.75 Add Fee Required | |
| 337 | 6. Name and Address of Current | | USA | | 7. Name and Ad | dress of New Registe | ered Agent | |
| | | | Name | | Ronald | G. Lohr | | |
| Lohr, ronald g 1415 Pinehurst RD | | | Street A | treet Address (P.O. Box Number is Not Acceptable) 410 S. Corona Ave. | | | | |
| Suite H Dunedin Fl 34698 | | | | | Suite | (A) | | |
| DON | EUIN FL 34090 | | City | Clear | water | | FL Zip Code 337 | |
| 8. The above | named entity submits this statement for | or the purpose of changing its r | registered office or | | | the State of Florida. | | 0.5 |
| SIGNATURE _ | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: | : Registered Agent signati | ure required wh | nen reinstating) | | <u>Mar. 31, 2</u> | 2000 |
| Tax filing re | ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) | After MAY 1, 200 Make Check Payabl | 00 Fee will be \$5 | 550.00 | Trust F | on Campaign Financin rund Contribution. | Added Added | O May Be to Fees |
| 11. | OFFICERS AND | _ | 12. | П | ADDITIONS/CH | ANGES TO OFFICERS | | S IN 11 |
| TITLE NAME STREET ADDRESS : CITY-ST-ZIP | LOHR, RONALD G 2121 NE COACHMAN RD #3 CLEARWATER FL 33765 | ∟ Delete | TITLE NAME STREET AODRESS CITY-ST-ZIP | Ro 41 | | ohr na Ave. Sui FL. 33765 | [X] Change te A | Addition |
| TITLE | V | ☐ Delete | TITLE | v | - | | X Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | Lohr, ronald G 2121 Ne Coachman RD, Suit Clearwater FL 33765 | E 3 | NAME STREET ADDRESS CITY-ST-ZIP | 41 | | ohr na Ave. Suit FL. 33765 | te (A) | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | Addition |

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

2000 UNIFORM BUSINESS REPORT (UBR)

Mar. 31, 2000

(727) 735-9222

Date

Daytime Phone #

Ch2E034 (3/33)