

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90053 009 ***150.00

DOCUMENT # P94000044949**1. Entity Name**
LOU-ANN PROPERTIES, INC.**Principal Place of Business**
2200 NORTH ATLANTIC AVENUE
APT. 1202
DAYTONA BEACH FL 32118**Mailing Address**
170 S HALIFAX AVE
DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address****179 Cherokee Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ormond Beach FL**4. FEI Number 59-3255681**

Applied For

Not Applicable

Zip

Country

Zip

Country

32174**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****UNATIN, LOUIS**
2200 NORTH ATLANTIC AVENUE
APT. 1202
DAYTONA BEACH FL 32118

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD UNATIN, LOUIS 2200 NORTH ATLANTIC AVENUE DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD UNATIN, ANN 2200 NORTH ATLANTIC AVENUE DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete
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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

Date

Daytime Phone #

CR2E034 (9/01)