

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

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90121 039 \*\*\*150.00

DOCUMENT # P940000449-49

1. Entity Name

LOU ANN PROPERTIES INC



**DO NOT WRITE IN THIS SPACE**

90030362

2. Principal Place of Business

2200 N. ATLANTIC AVE

3. Mailing Address

179 CHEROKEE RD

Suite, Apt. #, etc.

APT 1202

Suite, Apt. #, etc.

City & State  
DAYTONA BEACH, FL

City & State  
ORMOND BEACH, FL 32174

4. FEI Number  
59-3255681

Applied For

Not Applicable

Zip  
32118

Country  
US

Zip  
32174

Country  
US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
LOUIS UNATIN

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

2200 N. ATLANTIC AVE, #1202

City  
DAYTONA BEACH

FL

Zip Code  
32118

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1<sup>st</sup> May 1<sup>st</sup> Fee is \$150.00

After May 1<sup>st</sup> 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  
STREET ADDRESS  
CITY - ST - ZIP  
UNATIN, LOUIS P/D  
2200 N. ATLANTIC AVE. #1202  
DAYTONA BEACH, FL 32118

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
UNATIN, ANN NELSON S/T  
2200 N. ATLANTIC AVE. #1202  
DAYTONA BEACH, FL 32118

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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)