

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90045 027 \*\*\*150.00

0303253 AV

DOCUMENT # P96000001650

1. Entity Name

LOSS CONTROL GROUP, INC.

Principal Place of Business

6411 E. Pointe Pines St.  
 Palm Bch Gardens, FL  
 33418

Mailing Address

PO BOX 2519  
 JUPITER FL 33460-2519  
 US

Same



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0637831

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HERBSTMAN, DONALD

~~145 OAKWOOD LANE~~

6411 E. Pointe Pines  
 Palm Beach Garden, FL  
 33418

~~PALM BCH GARDENS FL 33410~~

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office of 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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **HERBSTMAN, DONALD**  
 CITY-ST-ZIP **145 OAKWOOD LANE**  
**PALM BCH GARDENS FL**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **6411 E. Pointe Pines St.**  
 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **HERSTMAN, SHERI Shevi**  
 CITY-ST-ZIP **145 OAKWOOD LANE**  
**PALM BCH GARDENS FL**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **Shevi Herbstman**  
 CITY-ST-ZIP **6411 E. Pointe Pines St.**  
**Palm Beach Gardens, FL 33418**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**Donald Herbstman**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)