

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90138 022 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090362			
1. Entity Name THOMAS E. LUGEN INC.			
Principal Place of Business 1334 DEVILLE ROAD DAYTONA BEACH, FL 32119		Mailing Address P O BOX 741188 ORANGE CITY, FL 32774-1188	
2. Principal Place of Business 1339 BEVILLE RD		3. Mailing Address 1339 BEVILLE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DAYTONA BEACH FL	
Zip	Country	Zip	Country
32119			
4. FEI Number 59-3408553		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUGEN, THOMAS E 1339 BEVILLE ROAD DAYTONA BEACH, FL 32119		7. Name and Address of New Registered Agent 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. 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's signature required when attending.) DATE _____			
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
LUGEN, THOMAS E 1339 BEVILLE ROAD DAYTONA BEACH, FL 32119		1339 BEVILLE RD	
Delete ☐		Change ☒ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		4/2/03 4073993674	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CH2E034 (10/02)