

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT

1. Entity Name
P97000014790
Lona, Inc.

FILED
May 10 2000 8:00 am
Secretary of State

Principal Place of Business Mailing Address
46 Somerset Terrace 46 Somerset Terrace
Palm Beach Gardens, FL 33418 Palm Beach Gardens, FL 33418

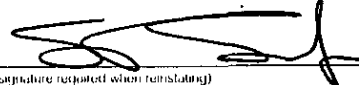
2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, Box 909 Pinnacle Drive 909 Pinnacle Drive
City & State Fort Collins, CO Fort Collins, CO
Zip 80525 USA 80525 USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Steven Friedman
24 Bermuda Lake Drive
Palm Beach Gardens, Florida 33418

7. Name and Address of New Registered Agent
Name Steven Samiljan
Street Address (P.O. Box Number is Not Acceptable)
City 2135 S. Congress Avenue, Suite 340
West Palm Beach FL 33406

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 Steven Samiljan  5-8-00
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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Friedman, Steven 24 Bermuda Lake Drive Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Friedman, Irving Z. 101 Banyan Isle Drive Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S Blair Turner 909 Pinnacle Drive Fort Collins, CO 80525 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000003274017--0 -06/01/00--01076--014 ****367.50 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Blair Turner 5/9/00 (970) 223-1184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

AD